

Title: Mr / Mrs / Miss / Ms: \_\_\_\_\_ Email address: \_\_\_\_\_  
First name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Surname: \_\_\_\_\_ Mobile: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

Where would you like energy to be supplied?  
House name/Number: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
Post town: \_\_\_\_\_  
Post code: \_\_\_\_\_

Billing address (if different)  
House name/Number: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
Post town: \_\_\_\_\_  
Post code: \_\_\_\_\_



What would you like to apply for?  
(Tick both boxes for dual fuel)



**ELECTRICITY:**

Current supplier: \_\_\_\_\_  
Do you use Economy 7 Electricity?  Yes  No  
How would you like to pay?  
 Monthly Direct Debit   
 Quarterly by cash/cheque or Direct Debit  
 PayGo card (weekly payment plan)  
 Prepayment meter  
What is your current meter reading?  
Day \_\_\_\_\_ Night (for E7) \_\_\_\_\_  
How much do you spend annually? £ \_\_\_\_\_

**GAS:**

Current supplier: \_\_\_\_\_  
How would you like to pay?  
 Monthly Direct Debit   
 Quarterly by cash/cheque or Direct Debit  
 PayGo card (weekly payment plan)  
 Prepayment meter  
What is your current meter reading?  
\_\_\_\_\_  
How much do you spend annually? £ \_\_\_\_\_

**DATA PROTECTION POLICY:** We will not pass on any information about you to anyone other than for the purpose of transferring your supply

**CARELINE:** Special facilities are provided for elderly, disabled and chronically ill people.  
If you would like more information, or would like to register, please tick here.

**DECLARATION:** I have read, and accept the terms and conditions and confirm that the above details are correct.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED FORM TO: FREEPOST SCE 8994, WITNEY, OXON, OX29 7BR**

**INSTRUCTION TO YOUR BANK / BUILDING SOCIETY TO PAY BY DIRECT DEBIT :**

OIN Electricity  OIN Gas  Name of Bank / Building Society: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Instruction: Please pay Southern Electric plc and/or Southern Electric Gas plc direct debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signed: \_\_\_\_\_