

# APPLICATION FOR NETWORK CONNECTION/ALTERATION

On completion of this form, please return to Centralines, along with any fees payable, and forward to your **NOMINATED ENERGY RETAILER**

**CONTACT:** [newconnections@contactenergy.co.nz](mailto:newconnections@contactenergy.co.nz)     **MERCURY:** [conncentre@mercury.co.nz](mailto:conncentre@mercury.co.nz)     **TODD / NOVA:** [info@novaenergy.co.nz](mailto:info@novaenergy.co.nz)  
**ENERGY ONLINE:** [metershelp@energyonline.co.nz](mailto:metershelp@energyonline.co.nz)     **MERIDIAN:** [service@meridianenergy.co.nz](mailto:service@meridianenergy.co.nz)     **TRUSTPOWER:** [newconnections@trustpower.co.nz](mailto:newconnections@trustpower.co.nz)  
**GENESIS:** [trade.connections@genesisenergy.co.nz](mailto:trade.connections@genesisenergy.co.nz)     **PULSE:** [servicerequest@pulseenergy.co.nz](mailto:servicerequest@pulseenergy.co.nz)     **SWITCH UTILITIES:** [fieldservices@switchutilities.co.nz](mailto:fieldservices@switchutilities.co.nz)

**Note: A new connection fee of \$230 (including GST) is required before work is to proceed**  
**Centralines Bank Account: 01 0778 0002322 00 (Use name as reference)**

**FULL DETAILS REQUIRED**

TICK APPLICABLE BOX

- NEW**      **TEMPORARY**      **MAINS ALTERATION**      **METER ALTERATION**  
 **CHANGE FROM TEMPORARY TO PERMANENT SUPPLY**      **DECOMMISSION**

**1. ICP NUMBER** To be completed by electrician if alteration to existing connection. To be completed by Centralines if new connection.

**2. NOMINATED ENERGY RETAILER**

**3. CUSTOMER AND CURRENT POSTAL ADDRESS**

Customer's Full Legal Name(s) (the "Customer", "You", "Your")  
 Name .....  
 Address.....  
 City.....  
 Postal Address.....  
 City..... Postcode.....  
 Mobile..... Phone.....  
 Fax ..... Email.....  
 Is the Customer:  An individual      A company  
                            A partnership      A trust  
                            Other legal entity - Specify .....

**4. SITE WHERE CONNECTION IS REQUIRED** (the "Site")

Address.....  
 Rapid Number ..... Lot Number ..... DPS.....  
 Suburb..... City.....  
 Other identifying remarks, Pole Number etc.....  
 Preferred Date of Connection.....

**5. ELECTRICIAN OR ELECTRICAL CONTRACTOR**

Full Legal Name.....  
 Company.....  
 Address.....  
 City..... Postcode.....  
 Mobile..... Phone.....  
 Fax ..... Email.....

**6. ELECTRICIAN TO COMPLETE**

Dwelling      Pump ..... Motor Size  
 Commercial      Industrial  
 Brief Details of Work.....  
 .....  
 Complete **Service Mains Details** fully.  
 Total Capacity Required .....kw .....Amps per phase as per AS/NZS 3000  
 Service Main Details..... size ..... length  
 Cable Type .....

Requested Phases	1	2	3	CIRCLE ONE	H/Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
kw of H/W					Controlled	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Electrical Inspector's Name..... #.....  
**Due to differing metering requirements of the energy retailers all new connections are to have as a minimum an 18' x 18' switchboard installed.**

**7. OTHER MATTERS**

Specify any other information or special terms that are or may be relevant to Centralines regarding the network connection (e.g. site features, consents required etc.)  
 .....  
 .....

## CENTRALINES OFFICE USE ONLY

Job Number..... GXP.....  
 NCP Locations.....  
 Sub.....  
 Line Code/Tariff ..... kVA.....  
 Service Fuse Size.....Phase/s: A B C  
 P/Factor ..... Load Control ..... Assisted Start..... Balanced Load.....  
 NCP Ready.....  
**Payment Received**  
 Date ...../...../..... signed.....

**9. LOCATION PLAN AND DETAILS OF NETWORK CONNECTION LOCATION** Electrician to complete

Please draw a plan of the location and details of the network connection location proposed. Include property boundaries, the location or proposed location of buildings, and the proposed network connection point /POS. Use separate sheet if necessary.

**An application does not guarantee supply is available. New connections have a minimum two week turn around where supply is available.**

**10. DECLARATION**

I hereby apply for connection/ alteration of connection to Centralines's electricity network. I confirm that I am duly authorised by the Customer to sign this application on the Customer's behalf.

Name of person signing application..... Position (i.e. agent/ authorised officer of customer) .....

Signature..... Date .....

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|---|--|
| <b>CONTACT:</b> newconnections@contactenergy.co.nz                        | <b>PULSE:</b> servicerequest@pulseenergy.co.nz / Fax: 09 378 4405              |
| <b>ENERGY ONLINE:</b> metershelp@energyonline.co.nz / Fax: 09 539 4633    | <b>TODD / NOVA:</b> info@novaenergy.co.nz / Fax: 07 307 0922                   |
| <b>GENESIS:</b> trade.connections@genesisenergy.co.nz / Fax: 0800 155 989 | <b>TRUSTPOWER:</b> newconnectionshelpdesk@trustpower.co.nz / Fax: 0800 872 666 |
| <b>MERCURY:</b> conncentre@mercury.co.nz / Fax: 0800 490 002              | <b>SWITCH UTILITIES:</b> fieldservices@switchutilities.co.nz / Fax: 09 4864538 |
| <b>MERIDIAN:</b> service@meridianenergy.co.nz / Fax: 0800 497 498         |  |