

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**MERCURY:** conncentre@mercury.co.nz**ENERGY ONLINE:** operational.excellence@energyonline.co.nz**TODD / NOVA:** info@novaenergy.co.nz**MERIDIAN:** service@meridianenergy.co.nz**TRUSTPOWER:** newconnectionshelpdesk@trustpower.co.nz**GENESIS:** trade.connections@genesiseenergy.co.nz**PULSE:** servicerequest@pulseenergy.co.nz**SWITCH UTILITIES:** 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
 TARIFF CHANGE

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.....

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.....

Email.....

6. ELECTRICIAN TO COMPLETE Dwelling Pump Motor Size Commercial Industrial

Brief Details of Work.....

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Complete **Service Mains Details** fully.

Total Capacity RequiredkwAmps per phase as per AS/NZS 3000

Service Main Details..... size length

Cable Type

Requested Phases 1 2 3 H/Water Yes Nokw of H/W Controlled Yes 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.

PLEASE INVOICE NC1 FEE TO: Customer Electrician Other**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.)

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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 three 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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