

## Vulnerable Customers and the Priority Services Register application form

Please fill in the form below so that we can capture information about our heat customers and identify those who may require additional support. Before completing this form, make sure that you are eligible to apply. Please visit our website to obtain the required information.

<b>Registration category</b> (Please select all boxes that relate you)		
<b>Vulnerable customer</b>	<b>Customer in need of additional help</b>	
<input type="checkbox"/> Age <input type="checkbox"/> Health <input type="checkbox"/> Disability <input type="checkbox"/> Low income <input type="checkbox"/> Severe financial insecurity <input type="checkbox"/> Bereavement <input type="checkbox"/> Other, please specify .....	<input type="checkbox"/> Disability <input type="checkbox"/> Pensionable age <input type="checkbox"/> Chronically sick <input type="checkbox"/> Visually impaired <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Non-English speaking <input type="checkbox"/> Other, please specify .....	
<b>Please note that you have to provide evidence in form of disability book or benefits statement in order to support your application. If you do not provide required evidence, we are not able to process your application.</b>		
Completing this form on behalf of someone else?	Your name: Your telephone number:	
<b>Applicant Details</b>		
Title:	First Name:	Surname:
Account reference number:		Date of birth: / /
Customer's address:		
Home phone number:		Mobile number:
Email address:		
<b>Nominee</b> (If you wish to nominate a person to deal with your bill and correspondence, please fill the details below)		
Nominated person's name:		
Address:		Contact number:
<b>Method of contact</b> (Services only for visually or hearing impaired customers; please select if you require any of the following service options)		
<input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Email	<input type="checkbox"/> Mobile <input type="checkbox"/> Text <input type="checkbox"/> Other, please specify .....	
<b>Password scheme</b> (If you wish to register your password that can be used for appointments when visiting your home, please write down your password below)		
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I agree to notify ENGIE Community Energy of any changes in the information submitted and to provide an updated form.

I give my permission for sharing my data in case of emergencies where there is a risk to my health and safety or to others within the household. My details may be disclosed only if it would be in my best interest or may be shared with other bodies for the prevention of crime, including fraud.

Personal Data that You provide to Us, or that We hold about You, Your account or other people living at Your Home will be used and stored in accordance with the Data Protection Legislation.

**Your signature:** .....

**Date:** .....

Please return via post to:

ENGIE Community Energy  
 1 Waterden Road  
 Queen Elizabeth Olympic Park  
 London. E15 2GP.

Or email to:  
[communityenergy.uk@engie.com](mailto:communityenergy.uk@engie.com)