

Section A: Your details (Please fill in details as per your Concession Card)	
Click Energy Account Number:	
Surname:	Given names:
Address:	
Suburb:	Postcode: State:
Home Phone:	Mobile:
Is the address shown above your principal place of residence:	YES NO
Section B: Type of concession or rebate (Please enter your Pension or Concession Card type below)	
Department of Veteran Affairs	
Card Start Date:	Expiry Date:
Centrelink pension	
CRN: Card Start Date:	Expiry Date:
Please complete this section so that your electricity provider is aware and all persons with a life support machine should complete this section recommendates and the support of the section of the sect	you have a life support machine at your residential address.
Haemodialysis Machine (Electricity Concession Only)	Other: (Not Eligible for Concession)
Date of Machine Installation:	Other (Not English for Confession)
<ul> <li>Rebates are funded by the Victorian Government</li> <li>Click energy is legally required to confirm your eligibility to receive a Concession by checking your details with Centrelink or the Department of Veterans affairs. In order to do this we require your consent. The Life Support details you provided is this application will be used to confirm Concession details with Centrelink or the Department of Veterans Affairs.</li> <li>This consent can be revoked in writing at any time. If you, the applicant declines to give consent you will no longer receive the rebate unless you can provide written verification of your continuing eligibility from Centrelink or Department of Veterans Affairs.</li> <li>You will notify Click Energy or their agent any changes in circumstances which may affect eligibility for the rebate.</li> <li>I will notify Click Energy or their agent of any changes in circumstance which may affect eligibility for the rebate.</li> <li>Information I have supplied will not be used for any changes in circumstance which may affect eligibility for the rebate.</li> <li>Information I have supplied will not be used for any changes in circumstance which may affect eligibility for the rebate.</li> <li>Information I have supplied will not be used for any other purpose without my consent.</li> <li>I enclose a letter form a medical practitioner/authorised officer stating my need for life support equipment.</li> </ul>	
SIGNATURE	DATE

Please return this form to: PO Box 1947 Milton QLD 4064 Enquiries: 1800 77 59 29 Email: service@clickenergy.com.au

