

# Electricity Registration for Joint Tenancy



The tenant name that appears on the bill **will not** be solely responsible for payment. All tenants will be held equally responsible. This form should be completed and returned within **2 weeks** of commencement of tenancy to the address/email overleaf.

|   |              |                       |
|---|--------------|-----------------------|
| <b>Address of Property:</b> _____<br>Including postcode |              |                       |
| <b>Meter Number:</b>                                    |              | <b>Meter Reading:</b> |
| <b>Keypad Fitted:</b>                                   | <b>Yes</b>   | <b>No</b>             |
| <b>Length of Tenancy</b>                                | <b>From:</b> | <b>To:</b>            |

  

|                |                |
|----------------|----------------|
| Tenant name:   |                |
| Home Address:  |                |
|                |                |
| Mobile No:     | Email Address: |
| Home Phone No: | Date of Birth: |

  

|                |                |
|----------------|----------------|
| Tenant name:   |                |
| Home Address:  |                |
|                |                |
| Mobile No:     | Email Address: |
| Home Phone No: | Date of Birth: |

  

|                |                |
|----------------|----------------|
| Tenant name:   |                |
| Home Address:  |                |
|                |                |
| Mobile No:     | Email Address: |
| Home Phone No: | Date of Birth: |

|                |                |
|----------------|----------------|
| Tenant name:   |                |
| Home Address:  |                |
|                |                |
| Mobile No:     | Email Address: |
| Home Phone No: | Date of Birth: |

|                |                |
|----------------|----------------|
| Tenant name:   |                |
| Home Address:  |                |
|                |                |
| Mobile No:     | Email Address: |
| Home Phone No: | Date of Birth: |

**Please note:** The following details are for contact purposes only, we will not transfer liability for the supply into the landlords name.

|                 |                |
|-----------------|----------------|
| Landlords Name: |                |
| Address:        |                |
|                 |                |
| Postcode:       | Email Address: |
| Home Phone No:  | Mobile No:     |

### **X** Sign Here on behalf of all tenants

By filling out this form you agree the above information is correct and you consent to the sharing of information between Power NI and the above named Landlord for the purposes of managing the electricity account at this address.

### **Fire/security protection - To be completed by Landlord**

(To assess suitability for a keypad meter)

|                                  |          |
|----------------------------------|----------|
| Mains Operated Fire Alarm System | Yes / No |
| Emergency Lighting System        | Yes / No |
| Burglar Alarm System             | Yes / No |
| HMO accredited                   | Yes / No |

Please tick the appropriate box:

Professional let ☐ Student let ☐

### **Please post your completed form to:**

Power NI  
PO Box 103  
Antrim  
BT41 9BB

### **Or email:**

home@powerni.co.uk