

CUSTOMER DETAILS *(Block Capitals Please)*

IF YOU WANT YOUR ACCOUNT/BILL SENT TO A DIFFERENT ADDRESS PLEASE DETAIL:

GAS POINT REGISTRATION NUMBER (GPRN)**GAS METER I.D. NO.:****ACTUAL REQUIREMENT:** *(Please tick)*

FIT METER ☐ CHANGE OF OCCUPANCY ☐ TURN ON METER ☐ CHANGE OF SUPPLIER ☐

HOME TYPE: *(Please tick)*

APARTMENT ☐ TERRACED ☐ SEMI DETACHED ☐ DETACHED ☐ NO. OF BEDROOMS

RESIDENTIAL STATUS *(Please Tick)*

HOMEOWNER ☐ HOME OCCUPIER ☐ TENANT ☐ OTHER ☐ If other, please state _____

PLEASE INDICATE IF YOU HAVE PREVIOUSLY BEEN A CUSTOMER OF FLOGAS
NATURAL GAS ☐

IF TENANT, Name of Landlord

Address of Landlord

Telephone of Landlord Area Code Number

I request Flogas Natural Gas to supply gas to the household or to me at the supply address provided and agree to honour the terms and conditions of this agreement as printed on the attached page. I confirm that I have read the terms and conditions. I am authorised to act on behalf of the household on this matter. I am over 18 years of age.

* SIGNATURE (APPLICANT)

DATE _____

□

METER READING

DATE OF METER READING _____

DEPOSIT ENCLOSED € YES ☐ NO ☐

PLEASE TICK APPROPRIATE BOX

AGENT ID

PAYMENT CARD REQUEST ☐

I WISH TO PAY MY GAS BILL BY

BUDGET PAY-PLAN DIRECT DEBIT** ☐

BILL-PAY DIRECT DEBIT* ☐

*Bill-Pay Direct Debit Your total amount is debited directly from your account every two months, after your bill date.

“PAY-PLAN DIRECT DEBIT Your Natural Gas cost are spread evenly throughout the year with payments made monthly from your account. Any payment change is notified to you in advance on your bill. Each year at your July/August bill, any debit or credit balance on your account at the 31 July is spread across the next year's monthly payments.

Accounts are payable within 14 days of date of issue. Banks may decline to pay Direct Debit from some types of accounts. A charge of €12.30 per unpaid Direct Debit will apply.

ORIGINATOR: FLOGAS NATURAL GAS LIMITED

CREDITOR ID: IE50ZZZ301966

DEBTOR NAME:

UNIQUE MANDATE REFERENCE:
(For office use only)

DEBTOR ADDRESS:

IBAN ACCOUNT NO:

BANK BIC NO:

PAYMENT TYPE:

RECURRENT: YES ☒

SIGNATURE:

DATE:

SIGNATURE:

DATE:

By signing this mandate form, you authorise (A) Flogas Natural Gas Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Flogas Natural Gas Limited. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

PLEASE RETURN TO: FLOGAS NATURAL GAS LIMITED

Building 2, 3rd & 4th Floor, The Green, Dublin Airport Central, Dublin Airport, Swords, Co. Dublin, K67 E2H3. **Phone:** 1850 306 800.

