



ActewAGL Energy Voucher Support

Conference \$100 Voucher application form

* Required Information – Please print

Conference Name: * _____

Conference Member's Name: * _____

Conference Member's Signature: * _____

Date: * _____

ActewAGL Required Information

Customer details

Given Name: * _____

Surname: * _____

Date of Birth: * _____ dd/mm/yyyy (example 13/Jul/1987)

Contact details

Phone Number: * _____ (Example 0x xxxx xxxx or 04xx xxx xxx)

Email address: _____

Supply Address

Street Address: * _____

Suburb: * _____ ACT Postcode: * _____

Concession Card details (if applicable) Optional Question

I authorise ActewAGL to make any enquires necessary to confirm eligibility for the rebate. (Information provided by Centrelink and/or Veterans Affairs is limited to a confirmation of you being a pensioner with fringe benefit eligibility and other details which need to be confirmed. The department will under no circumstances release any other information to ActewAGL)

ActewAGL takes your privacy seriously. ActewAGL take many steps to protect your privacy and keep your personal information secure. The information you give ActewAGL will never be provided to third parties or used to send unsolicited emails. For more information please read the ActewAGL privacy policy found on their website www.actewagl.com.au

By supplying ActewAGL with your Concession Card details they can ensure all eligible energy rebates are applied to your accounts.

Do you wish to add concession card details? If yes please provide:

Card Type: (select one)

Pension

Health Care Card

Pension / health care / Veterans' Affairs card number _____

Date of effect (start date) dd/mmm/yyyy _____

Expiry date _____

Type of concession / pension (select one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Mature Age | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Age Special | <input type="checkbox"/> Mature Age Partner | <input type="checkbox"/> Sickness Allowance |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> New Start | <input type="checkbox"/> Sole Parent |
| <input type="checkbox"/> Blind | <input type="checkbox"/> New Start Mature Age | <input type="checkbox"/> Special Benefit |
| <input type="checkbox"/> Civilian Widow | <input type="checkbox"/> Parenting Payment Partnered | <input type="checkbox"/> Special TPI |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Partner Allowance | <input type="checkbox"/> Spouse Carers |
| <input type="checkbox"/> Gold Card Holder | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> War Widow |
| <input type="checkbox"/> LSC Rebates | <input type="checkbox"/> Service | <input type="checkbox"/> Wife Pension |

Account details

Which account do you wish the \$100 voucher to be applied? Note: only one voucher can be applied once, to either your electricity OR Gas account.

Electricity Account Number:* _____

OR

Natural Gas Account Number: * _____

Consent

*I authorise the St Vincent de Paul Society Canberra/Goulburn to lodge my request for a once only \$100 voucher as per the details above.

Customer's Signature: _____ Date: _____

Office use only:

Please send this completed form to the Conference Support Team for processing Email: conference@vinnies-cg.org.au
Mail: P.O. Box 9091 Deakin 2600
Delivery: 2 Loch Street, Yarralumla ACT 2600