

COMPANY & AUTHORISED OFFICER TO COMPLETE

Please Note: The person completing this form must be listed as an authority on your electricity account with your retailer otherwise this form will not be accepted.

Company Name _	
Trading Name _	
ABN _	
Current Electricity Retailer _	
Previous Electricity Retailer _	
Supply/Site Address	
Trading Hours* _	
*Please note if you are still using sign	ificant energy on that day even if not operating.
NMI(s) 1	2
3	4
Email _	
Name _	
Position _	
Phone _	
Mobile _	
Group Pty Ltd, MICROGRID POW	ofor representatives of LED LIGHTEN PTY LTD t/a Power Save, The Green Guys VER PTY LTD and CLEANTECH ENERGY SOLUTIONS PTY LTD to access intervatergy related data for the above account.
Summary of required data:	
1. Soft copy of the electricity bill fo	r the most recent period included within the data.
2. 12 months of half hourly (or 15r	nin) interval data in CSV or XLS format, including:
• kWh	
• kVA	
3. Time frames for Peak, Shoulde	and Off Peak charges.
Signature	Date