

Jemena Electricity Networks (VIC) Ltd Network Tariff Reassignment Request Form for Business Customer

[Please use one form per Supply Point and e-mail the form to JENTariffs@jemena.com.au]

This **Request Form** must be used to request a network tariff reassignment for an existing business customer.

Note: All fields are mandatory except for those denoted with *.
Fields denoted with # only apply to customers currently assigned to a demand network tariff.

1 – CUSTOMER DETAILS

Business name: _____

Supply point address: _____

NMI: VDDD _____ or 6001 _____

Reasons for change in load and/or connection characteristics *:

2 – TARIFF REASSIGNMENT DETAILS

The network tariff code currently assigned to the customer: _____

The contract demand currently applicable to the customer #: _____ kW

The maximum demand recorded over the past 12 months #: _____ kW

Actual consumption (complete section A or B as applicable):

A. Where the customer has been connected for a period of at least 12 months

- The actual annual consumption over the past 12 months: _____ kWh

B. Where the customer has been connected for a period less than 12 months

- The customer's actual consumption: _____ kWh
- Recorded over the period: From: __ / __ / __ To: __ / __ / __

Metering type currently installed (please tick):

1. Interval/Smart meter manually or remotely read
2. Two rate accumulation meter WITHOUT demand meter
3. Two rate accumulation meter WITH demand meter.
4. Single rate accumulation meter

3 – PROPOSED NETWORK TARIFF DETAILS

Nominated network tariff name *: _____

Nominated network tariff code: A _____ or T _____ or F _____

4 – CONDITIONS APPLYING TO THE REQUEST

- The applicant must sign and e-mail the completed Request Form to jentariffs@jemena.com.au.
- Requests to reassign a Customer to a network tariff code starting with the letter “T” must be made by the customer’s retailer.
- Where the applicant is not the Customer, it is the applicant’s responsibility to ensure the Customer is aware of and agrees to this tariff reassignment request. The applicant is wholly responsible for conveying the correct information to JEN and also communicating the decision made by JEN to the Customer.
- JEN may request the applicant to re-submit the request if the initial Request Form is not correctly completed or if the form is modified in any manner.
- The applicant acknowledges that in the event the request is approved the contract demand applicable to the new tariff will be set in accordance with the JEN Policy for Resetting Contract Demand.
- Any network tariff reassignment request will not take effect until JEN advises the applicant in writing of the approval and the effective date of the new tariff assignment.
- Network tariff reassignment requests are limited to one application over any 12 months period.

5 - APPLICANT DETAILS

Name (*person lodging the request form*): _____

Business Name: _____

Position Title (*if applicable*) *: _____

Telephone Number: () _____ E-mail: _____

Applicant's Signature: _____ Date: ____/____/____

Note: If the applicant is the Customer’s Retailer, the applicant warrants that it has been authorised to act on the Customer’s behalf.

The section below is required to be completed by the customer, if the Applicant is someone other than the Customer or Customer’s Retailer.

I _____ at the supply point address referred to in this Request Form, consent to the above applicant acting on my behalf. My contact details are as follows:

Position Title: _____

Telephone Number: () _____ E-mail: _____

Customer's Signature: _____ Date: ____/____/____