

Life support details

If you depend on an electrical supply for essential medical equipment such as oxygen concentrators, dialysis machines or artificial ventilators, please tell us below.

Do you use a stairlift or bed / bath hoist? If so please also list this equipment below.

Thank you for completing this form

Please reseal the outer edges and return it to us. You won't need to use a stamp.

edfenergy.com

EDF Energy is a trading name used by EDF Energy Customers plc. Reg. No. 02228297 whose Registered Office is at 40 Grosvenor Place, London SW1X 7EN, incorporated in England and Wales. The responsibility for performance of the supply obligations for all EDF Energy supply contracts rests with EDF Energy Customers plc.

We may monitor and record calls to improve our service. Calls to 0800 and 0808 numbers are free of charge from all consumer landlines and mobile phones.

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Freepost RRYZ-BGYG-JCXR
EDF Energy
334 Outland Road
Plymouth
PL3 5TU

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Sign up to our **Priority Services Register**

Priority Services Register

At EDF Energy, we help customers with special requirements or circumstances, which may be temporary or ongoing, by adding them to our Priority Services Register. For example if you're blind, deaf, disabled, elderly or have a long term health condition you might want to sign up for things like our meter-reading service, large print, Braille or talking bills or let us know about any essential medical equipment that relies on an uninterrupted electricity supply. You should also let us know if English is not your first language, you have a young child under 5 in the household, are a young adult living alone for the first time or are recovering after spending time in hospital. Even if you don't fit into any of these categories, please let us know if there is anything else we can do to help.

If you've any questions while you're filling in the form, please call our dedicated Priority Services team on **0800 269 450** or minicom **0800 096 2929**.

Please use block capitals, and tick the boxes where relevant.

Once you've completed the form, reseal the outer edges on this page and return to us.

Your water company may also have a similar register to our Priority Services Register. To find out more information, please contact your water supplier.



Your permission

For us to process your application, we need your permission to keep your data. By completing and signing this form, you agree to EDF Energy recording and processing your personal data for the purposes of receiving Priority Services. Where appropriate, we will share your Priority Services information with your distribution network operator and other relevant parties within the industry. Once notified the distribution network operator will send their own Welcome Pack confirming any additional services that they can offer you.

Your personal details

Name:

Address:

Postcode:

Date of birth:

Telephone:

Minicom:

(if applicable)

Gas account no:(if applicable)

Electricity account no: (if applicable)

Your needs

Please let us know about your circumstances – tick as appropriate:

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Apnoea monitor | <input type="checkbox"/> Life changes (including temporary) |
| <input type="checkbox"/> Arthritic | <input type="checkbox"/> Medicine refrigeration |
| <input type="checkbox"/> Bath hoist | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Bedridden | <input type="checkbox"/> Pensioner |
| <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Poor sense of smell |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Post hospital recovery |
| <input type="checkbox"/> Chronic/serious illness | <input type="checkbox"/> Receive disability benefits |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Restricted hand movement |
| <input type="checkbox"/> Female presence preferred | <input type="checkbox"/> Restricted movements |
| <input type="checkbox"/> Financial vulnerability | <input type="checkbox"/> Serious illness |
| <input type="checkbox"/> Foreign language speaker | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Wheelchair user |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Young child - under 5 |
| <input type="checkbox"/> Life support | <input type="checkbox"/> Young adult householder |
| <input type="checkbox"/> Living alone | |

Other special need (Please specify)

Our password scheme

Representatives we send to your property (such as meter readers and meter operators) will always carry an identity card which they'll show you when they come to the door. If you'd like extra security, please choose a personal password and write it below. When the representative calls, they will then be able to tell you this password.

(Maximum 8 characters)

Please describe any other specific requirement (for example, if we need to visit you, do we need to allow plenty of time for you to answer the door?):

You can also contact us on
0800 269 450
 or minicom **0800 096 2929**

How we can help

If you would like to receive your bills/statements in an alternative format, please tick the appropriate box(es):

- I would like large print-bills
- I would like bills in Braille
- I would like audio bills on CD
- I would like my bills to be sent to a friend or family member. Please give details of the friend or family member you would like the bill sent to:

Name: _____

Address: _____

Postcode: _____

Please ask the person named above who will be receiving your bill on your behalf to sign here:
