



Small Market Addition of Site Request Form

Once completed, please email this form to **smesales@shellenergy.com.au**

The addition of a site is subject to the terms of your Retail Electricity Agreement with us. If the new site is located in a State or Territory, or is subject to a tariff that is not currently included in the Schedule to your Retail Electricity Agreement we will provide pricing for the new site and an amendment to your contract may be required.

| Account/Business Details | | | |
|---|------------------------|-------------------------|------------|
| Customer/Company Name | | | |
| ABN/ACN | | | |
| Parent Account Number | | Customer/Site Reference | |
| ☐ Billing and Contact details are per pare | nt account | | |
| OR | | | |
| \square Billing and Contact details are provided | below | | |
| | | | |
| Billing Details (only complete if diffe | erent to Parent Accoun | t) | |
| Billing Email Address | | | |
| Postal Address (for notices only) | | | |
| | | | |
| Site Details | Site One | Site Two | Site Three |
| NMI | | | |
| Customer/Site Reference (Appears on invoices, can be used by | | | |
| customer to add Site Names, cost centre, | | | |
| etc. 100 character limit) | | | |
| Site Address | | | |
| GreenPower (if applicable) | % | % | % |
| | | 1 | 1 |
| Account Setup Type | Site One | Site Two | Site Three |
| Are you currently receiving invoices in your company name for this NMI? | □ No □ Yes | □ No □ Yes | □ No □ Yes |
| If Yes, Complete Transfer Details below | | | |
| If No, Complete Move In Details below | | | |
| | | | |

| Transfer Details | | | |
|---|---|--|---|
| Requested Date of Transfer | | | |
| Transfers for remotely read meters will be raised for the requested date regardless of option selected below (no fees apply for remotely read meters). | | | |
| If a transfer type is not selected below, Shell Energy will raise a Standard Transfer for manually read meters. | | | |
| Transfer Type | Site One | Site Two | Site Three |
| Standard | □ No □ Yes | □ No □ Yes | □ No □ Yes |
| Estimated read on Requested Date of Transfer | | | |
| Special Read | □ No □ Yes | □ No □ Yes | □ No □ Yes |
| Actual read on Requested Date of Transfer (fees apply) * | | | |
| If you have requested a Special Read, are there any known access issues? | □ No □ Yes | □ No □ Yes | □ No □ Yes |
| If there is not clear and safe access to the narranged. | neter, please provide a name | and contact number for the s | ite so access can be |
| Site Contact Name | | | |
| Site Contact Phone | | | |
| request another special read or opt for a Sta | | daj. II we do not nedi irom yo | od ddinig tilis tillie, we will |
| request another special read or opt for a Sta arrange a Standard Transfer (estimated read Move In Details | | aaj. II we do not nedi nom ys | adding this time, we will |
| arrange a Standard Transfer (estimated reac | | Site Two | Site Three |
| arrange a Standard Transfer (estimated reac | l). | | |
| move In Details Date of Move In | l). | | |
| Move In Details Date of Move In If retrospective, enter ASAP | Site One | Site Two | Site Three |
| Move In Details Date of Move In If retrospective, enter ASAP Are there any known access issues? If there is not clear and safe access to the notes. | Site One | Site Two | Site Three |
| Move In Details Date of Move In If retrospective, enter ASAP Are there any known access issues? If there is not clear and safe access to the narranged. | Site One | Site Two | Site Three |
| Move In Details Date of Move In If retrospective, enter ASAP Are there any known access issues? If there is not clear and safe access to the narranged. Site Contact Name | Site One No Yes Peter, please provide a name | Site Two No Yes and contact number for the s | Site Three |
| Move In Details Date of Move In If retrospective, enter ASAP Are there any known access issues? If there is not clear and safe access to the narranged. Site Contact Name Site Contact Phone | Site One No Yes Peter, please provide a name | Site Two No Yes and contact number for the s | Site Three |
| Move In Details Date of Move In If retrospective, enter ASAP Are there any known access issues? If there is not clear and safe access to the narranged. Site Contact Name Site Contact Phone *Move in service order fees are passed through | Site One No Yes The enter, please provide a name and are set by the relevant | Site Two No Yes and contact number for the s | Site Three No Yes ite so access can be |
| Move In Details Date of Move In If retrospective, enter ASAP Are there any known access issues? If there is not clear and safe access to the narranged. Site Contact Name Site Contact Phone *Move in service order fees are passed through the progress or completed at the site between now and the requested effective | Site One No Yes The enter, please provide a name and are set by the relevance of the enter of | Site Two No Yes and contact number for the s nt distributor. | Site Three No Yes ite so access can be |

| Re-energisation (VIC only) | Site One | Site Two | Site Three |
|---|----------|----------|------------|
| Slab Heating | | | |
| Any other controlled load devices | | | |

| ontact Details (only complete if different to Parent Account) | | | | |
|---|----------------|-----------|--|--|
| Primary Contact | | | | |
| Salutation | First Name | Last Name | | |
| Job Title | Business Phone | Mobile | | |
| Fax | Email | | | |
| Billing/Accounts Payable Co | ontact | | | |
| Salutation | First Name | Last Name | | |
| Job Title | Business Phone | Mobile | | |
| Fax | Email | | | |
| Secondary Contact | | | | |
| Salutation | First Name | Last Name | | |
| Job Title | Business Phone | Mobile | | |
| Fax | Email | | | |
| Outage Contact | | | | |
| Salutation | First Name | Last Name | | |
| Job Title | Business Phone | Mobile | | |
| Fax | Email | | | |
| Outage postal address | | | | |

Authorisation

By completing and returning this form to us, you are agreeing to the site being subject to the terms of your agreement with us and the transfer of the site to Shell Energy. If you have a manually read meter at a site, you also agree that we may transfer the site on an estimated read and acknowledge that your first read may be estimated

| norised by: |
|--------------------------------------|
| Customer's authorised representative |
| Print Name |
| Position |

Life Support

Does a person residing or intending to reside at the customer's premises requires life support equipment? To register for Life Support, please contact us by emailing us at **lifesupport@shellenergy.com.au**. In the meantime, if you wish to review important life support information, please visit the life support page on our website (**www.shellenergy.com.au/lifesupport/**). If you have life support equipment fuelled by gas you must also inform your gas retailer.

Information about our Privacy Policy

We collect information on this form for the purpose of providing the services related to your electricity supply at the site address. Shell Energy will disclose this information to the distributor and other entities who provide services related to your electricity supply. We handle your personal information in accordance with our privacy policy at **shellenergy.com.au/privacy**. The head office of Shell Energy Operations Pty Ltd is Level 52, 111 Eagle Street, Brisbane QLD 4000. Contact details are telephone **+61 7 3020 5100**, facsimile +61 7 3220 6110.