

Application form for the supply of bottled gas

Please complete the whole form in block capitals using black ball point pen



Applicant details		Joint applicant details	
Title Mr/Mrs/Miss/Other		Title Mr/Mrs/Miss/Other	
Surname		Surname	
Forenames		Forenames	

Contact details			
Home	Mobile	Home	Mobile
Work	Fax	Work	Fax
Address at which supply is requested			
		Postcode	
Billing address (If different from above)			
		Postcode	
IMPORTANT - Date gas required			
	d	m	y
Please allow 5 working days between receipt of this form at our offices and your required date for connection.			

Property details			
New property	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
If rented please supply the following information			
Landlord/Agent Name	Contact Number		
Previous Address			
Postcode			
What date would you like your final reading to be done			
	d	m	y
When leaving premises supplied by gas the consumer shall give at least 2 working days notice to the Company.			

Gas appliances & Tariff		
Please help us to help you by supplying the following information. Gas appliance fitted at new address - Please tick		
<input type="checkbox"/> Cooker	<input type="checkbox"/> Fire	<input type="checkbox"/> Water Heater <input type="checkbox"/> Central Heating <input type="checkbox"/> Outdoor Equipment
Other		
Please indicate your preferred tariff to be charged on		
	Mains	LPG
Standard 24 - Minimum charge is made if gas consumed Ideal for small domestic users		
Super Economy 24 - A daily charge assessed on annual demand. Payment Method to be by Direct Debit only suitable for the larger domestic and central heating customer		
If this section is left blank then you will be placed on the tariff that is deemed most beneficial to you.		

Agreement	
I/We apply for and agree to take a supply of gas at the requested address and to pay for the same at the rates in force as in accordance with the terms as stated with this application form.	
Applicant signature	Joint applicant signature
Date	Date

Terms & Conditions

- I /we understand that accounts are due and payable on presentation.
- The Company reserves the right to require a Deposit to be held against charge for gas consumed, such Deposit to bear Interest at the rate of 4% per annum for each complete period of 6 months it is held by the Company.
- The Company reserves the right to discontinue the supply of gas in cases where payment is in arrears, and to make a charge for reconnecting the service.
- The reading on the Gas Meter shall be conclusive evidence of the amount of gas consumed unless it is established by test that the meter is faulty, in which case the charges in dispute shall be based on the result of the test or previous consumptions for the period.
- The consumer shall be responsible for all moneys placed in a pre-payment meter until such time as the meter has been read and the cash collected from the same, if the amount of money in the meter is less than the charge for gas as registered by the meter, the consumer shall make good shortage however caused.
- Our inspector will normally call on a regular basis but we reserve the right to render an estimated account based on an assessment of your previous gas consumption in lieu of an inspection.
- Article 83 of the Gas Law requires consumers to give the Company's servants access to the Company's appliances at their premises during normal business hours.

Payment

You may pay your Account with any one of these following methods:

- Direct debit
- Cash
- Cheque
- Solo
- Visa
- MasterCard
- Amex

Either in The Energy Centre or by telephone.

What should you do if you smell gas?

In the event of a gas escape:

Don't smoke.

Don't use naked flames.

Don't turn electric switches on or off.

Don't leave it to someone else.

Do turn your gas supply off at the emergency control valve (usually next to your gas meter).

Do extinguish all naked flames and sources of ignition.

Do open doors and windows to allow gas to disperse.

Additional information for LPG bottle gas users.

Do turn your gas supply off at the emergency control valve or cylinder valve or both.

If possible move suspected leaking cylinders into a well ventilated safe area, away from sources of ignition.

Call Jersey Gas/Kosangas emergency line immediately on 755555.

There is no charge for attending a gas escape and making safe.



Kosangas (Jersey) Limited



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen, and send it to:

Kosangas (Jersey) Limited
P.O. Box 169
Thomas Edge House
Tunnell Street
St Helier
JERSEY
JE4 8RE

Originator's Identification Number

7 5 5 2 3 5

Name(s) of Account Holder(s)

Empty box for Name(s) of Account Holder(s)

Bank/Building Society account number

Empty box for Bank/Building Society account number

Branch Sort Code

Empty box for Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society
Address
Postcode

Your Consumer / Account Reference Number

Empty box for Your Consumer / Account Reference Number

FOR KOSANGAS (JERSEY) LTD – PLEASE COMPLETE THE FOLLOWING
This is not part of the instruction to your Bank or Building Society.

Starting Month: _____ Amount: £ _____

Account type: Gas Consumption Direct debit type: Fixed
Cylinder delivery Variable

For fixed DD payments please indicate which date most suits you for the collection of your payment each month (collection will be made on or immediately after the date)

7th 21st

Variable DD payments will be actioned on or immediately after the date indicated on your bill

Instruction to your Bank or Building Society

Please pay Kosangas (Jersey) Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Kosangas (Jersey) Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Please enter the first line of your address in the box below

Empty box for first line of address

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

DD11

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Kosangas (Jersey) Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Kosangas (Jersey) Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us at Kosangas (Jersey) Limited.