**AUTHORISED CONTACT / BILL NOMINEE FORM**

In providing the following information, I hereby give authorisation to the below named party to manage my Insite Energy account on my behalf.

My Information (please complete all boxes)

|  |  |
| --- | --- |
| Customer Name: |  |
| Customer Phone Number: |  |
| Property Address: |  |

My Authorised Contact / Bill Nominee Information (please complete all boxes)

|  |  |
| --- | --- |
| Contact Name: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Relation to myself:(i.e., relative, carer, power of attorney,friend) |  |

I understand that in providing this authorisation to the above party, they will have full access to my account, including any payment and personal information, stored by Insite Energy Ltd.

Signed: Print Name:

Date Signed: