



CONFIRMATION OF DETAILS FORM

Please input all information in CAPITAL LETTERS.

Property Details:

House no./name:

Postcode:

Billing Address:

(if different to Property Address)

Number of bedrooms in property:

Date on which you became the owner or tenant of the property:

Date on which the property was occupied *(if different from above)*:

Landlord Details/Social Landlord Details (if applicable)

If you are a Landlord, for any new tenants you will need to complete a Registration Tenancy Agreement Form. Please contact us when you have new tenants into your property for us to provide you with this form.

Title (Mr./Mrs./Miss./Ms.):

First Name:

Surname:

Correspondence Address and Postcode *(if different to property address)*

Contact Number:

Alternative Contact Number:

Email Address:

Customer (Resident) Details

Title (Mr./Mrs./Miss./Ms.):

First Name:

Surname:

Correspondence Address and Postcode *(if different to property address)*

Contact Number:

Additional Contact Number:

Email Address:

If an email address is provided, this will be used for 'eBilling' (paperless invoicing) and paperless correspondences.



Vulnerabilities

If you have a vulnerability and would like to be listed on our Priority Services Register (PSR) to receive additional services to assist with your vulnerability, please mark YES against one or more of the following. These vulnerabilities are defined in line with OfGem’s guidelines. If you do not wish us to register your vulnerability, please leave blank.

Pensionable age: (above the age of 70)	
Long-term/chronic illness: (please specify)	
Mental and Physical Disability (please define)	
Visually or Hearing Impaired: (please specify)	
Non-English speaking (Please specify your first language)	

We also consider the following as situations that may give rise to vulnerability in addition to those definitions as above. Please specify below if any of these are applicable to you:

- a) Low income
- b) Severe financial insecurity
- c) Bereavement

Please specify: _____

N.B. If any false claims of vulnerability are made and are identified, these will be flagged against your account.

Declaration

All personal and account information provided above is correct to the best of my knowledge. I consent for the above data to be processed and used by Veolia for purposes purely to provide with the full level of services available to me.

Signature: _____ Date: _____

Signature: _____ Date: _____

If you are moving out of the property, please notify us of your move out date and forwarding address via the contact details provided in this letter, for you to be invoiced accurately.