

Customer Safety Checklist



*This checklist must be filled in and signed by the customer.

First Name	
Last Name	
Date of Birth	
Email	
Mobile Number	
Physical Address	

Please answer below questions by circling the correct or applicable answers.

1	I have a ventilator at my premise	Yes/No
2	I have an oxygen concentrator at my premise	Yes/No
3	I have a ventricular assistance device at my premise	Yes/No
4	I/someone living at my property am/is a Medically Dependent Customer. <i>**A Medically Dependent Customer is a person who has any of the devices listed above and is a dependent on mains electricity for critical medical support, such that a loss of electricity may result in loss of life or serious harm.</i>	Yes/No
5	I/someone living at my property am/is a Vulnerable Customer. <i>** A customer is vulnerable if, for reasons of age, health or disability, the disconnection of electricity to that domestic consumer presents a clear threat to the health or wellbeing and/or it is genuinely difficult for them to pay their electricity bills because of severe financial insecurity, whether temporary or permanent..</i>	Yes/No
6	If you have applied for a home phone (VoIP) service: I/someone living at my property am/is at particular risk of requiring 111 emergency services. <i>**A Customer is at particular risk if they are more likely than others to require the 111 emergency service because of a specific circumstance applicable to that person – e.g. for reasons of health, safety or disability – and they do not have access to a mobile phone.</i>	Yes/No

**** If you have answered YES to any of the questions 1-5 above, unfortunately we cannot proceed with your application.**

I declare that I or anyone living at my property where Megatel service will be used, is not medically dependent or vulnerable and will notify Megatel of any changes in my circumstances as soon as they happen.

I confirm that all the information provided here are correct.

Signature: _____

Date: _____