## Special Services Register for vulnerable customers

ESB Networks have created a Special Services Register for customers who, due to advanced age, physical or mental health difficulties, need additional support when it comes to their electricity supply.

If you require additional assistance with your electricity supply e.g. braille bills, large print or talking bills, or have mobility difficulties please call our Customer Service team on 0818 363 749.

To register with us as a Special Service customer please complete the form on the page opposite.

When registering as a Special Services customer with Pinergy and under the Commission for Regulation of Utilities (CRU) guidelines you waive your entitlement to the restrictions on the disconnection between 1st November and 31st March in circumstances where you do not purchase sufficient credit.

MPRN-

Pinergy Card Number:

| Name (Account Holder):                                                  |             |                             |  |
|-------------------------------------------------------------------------|-------------|-----------------------------|--|
|                                                                         |             |                             |  |
| Name of person to be registered (if diffe                               | erent from  | the above):                 |  |
|                                                                         |             |                             |  |
| Address (Account Holder):                                               |             |                             |  |
|                                                                         |             |                             |  |
|                                                                         |             |                             |  |
| Landline:                                                               | Mobile:     |                             |  |
|                                                                         |             |                             |  |
| Email:                                                                  |             |                             |  |
|                                                                         |             |                             |  |
| Registration Category (please tick):                                    |             |                             |  |
| Mental Health (Certification required)                                  |             | Language Difficulty         |  |
| Deaf or Hard of Hearing                                                 |             | Speech Difficulty           |  |
| Blind or Partially Sighted                                              |             | Learning Difficulty         |  |
| Elderly (aged 66 or over)                                               |             | Dexterity Impaired          |  |
| Mobility Difficulty                                                     |             | Other (please specify)      |  |
|                                                                         |             |                             |  |
| Pinergy reserves the right to request yo entitlement to these services. | u to provid | le further evidence of your |  |
| Signature:                                                              | Date:       |                             |  |
|                                                                         |             |                             |  |

