



CUSTOMER INFORMATION FORM

Company Details

Company Name: _____
Unique Entity Number (UEN) : _____ Hyflux Energy Account Number : _____
Billing Address: _____ Postal Code: _____
Premise Address: _____ Postal Code: _____

Contact Person

Name: _____ Surname : _____
Designation: _____
Work Phone: _____ Mobile No : _____
Email: _____
Contact me for matters relating to (Please Tick where applicable) :
() Billing & Payment () Contract & Procurement () Technical Support (AMI meters etc)

Name: _____ Surname : _____
Designation: _____
Work Phone: _____ Mobile No : _____
Email: _____
Contact me for matters relating to (Please Tick where applicable) :
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Name: _____ Surname : _____
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Email: _____
Contact me for matters relating to (Please Tick where applicable) :
() Billing & Payment () Contract & Procurement () Technical Support (AMI meters etc)

Declaration

I confirm on behalf of my organization that the above information is true and correct.

Authorised Signature & Company Stamp

Date

Name of Authorised Officer