



APPLICATION FOR THE SUPPLY OF NATURAL GAS
RESIDENTIAL

LAST NAME: _____ FIRST NAME: _____

INITIAL(S): _____

REGISTERED COMPANY NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

BB: _____

TELEPHONE NO: HOME: _____ CELL: _____

WORK: _____
(IF APPLICABLE)

EMAIL ADDRESS: _____

PLEASE PRINT

REQUEST ONLINE BILLING ☐

You are authorizing the Barbados National Energy Company Limited (BNECL) to deliver your monthly Natural Gas Bill(s) electronically. A ten (10) day notice is required to withdraw the electronic delivery of your Natural Gas Bill(s) and again receive by mail.

It is important to receive your monthly bill(s), therefore, please ensure an accurate email address is received.

RESIDENTIAL SERVICES
(Refundable Customer Deposit of \$50.00 will apply to all Residential Applications)

| | | | | |
|--------------------------|-----------------|-----|----------------------|---------------------------------------|
| <input type="checkbox"/> | New Service | Fee | <input type="text"/> | Account No.: _____ |
| <input type="checkbox"/> | Unseal | Fee | <input type="text"/> | Receipt No.: _____ |
| <input type="checkbox"/> | Reinstall Meter | Fee | <input type="text"/> | Total Fee <input type="text"/> |

PROPERTY: OWNED ☐ RENTED ☐ OTHER ☐ _____

I further declare that all statements made by me in this application are true and accurate.

APPLICANT: _____ DATE: _____

NAT. REG. NO. _____ COMPANY REG. NO _____

VERIFIED: _____ DATE: _____