



## JOB AUTHORIZATION FORM

NAME: \_\_\_\_\_  
LAST NAME FIRST NAME INITIAL

ADDRESS: \_\_\_\_\_

BB: \_\_\_\_\_

NAT. REG. NO: \_\_\_\_\_

TELEPHONE NO: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

(IF APPLICABLE)

EMAIL ADDRESS: \_\_\_\_\_

I/We request the Barbados National Energy Company Limited to execute the following works: -

Reposition of Meter ☐

Reposition of Service ☐

At, \_\_\_\_\_

(State address where work is to be carried out if different from the above noted address)

### PLEASE READ

I/We, agree to pay the relevant charges incurred in undertaking this work. Payment of all charges for this service shall be the responsibility of the person signing the application unless the application is made by a person authorized to sign on behalf of a company, organization or other entity registered under the Laws of Barbados in which case it will be the responsibility of the company, organization or other entity. Therefore, written authorization should be presented to the Corporation (BNECL).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's ID No: \_\_\_\_\_

Account No.: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_