



111 Customer application form

Please fill out this application form if you wish for Kiwi VoIP to assess your eligibility (or that of someone you are representing) for inclusion under the 111 Contact Code.

The 111 Contact Code guarantees that individuals who are at a higher likelihood of needing to reach out to 111 and have a landline phone that becomes non-operational during a power outage (without any alternative methods to contact 111 from their residence) are furnished with a mechanism to get in touch with the 111 emergency service.

To be covered by the 111 Contact Code, a person must:

- be at particular risk of requiring the 111 emergency service (either now or sometime in the near future); and
- in the event of a power failure, not have a means to contact the 111 emergency service at their premises that can work for a continuous 8-hour period.

This form can only be completed by one of the following people:

- a customer (the account holder);
- a person who is listed as an authority on the customer's account; or
- the customer or person listed as an authority on the customer's account on behalf of someone who lives at the premises where the home phone line is supplied.

Instructions for completing form

1. Fill in Parts A, B and C of the form.
2. Complete the declaration in Part D of the form.
3. Return the completed form to Kiwi VoIP 3/14 Airborne Road, Rosedale, Auckland

Part A - Personal Details

1. Are you the customer (account holder)?

- Yes (fill out 3a) No (Go to Question 2)

2. Are you a person listed as an authority on the customer's account?

- Yes (fill out 3a and 3b) No *You must be added as an authority to the customer's account before you make this application

3a. Details of customer	
First name(s)	
Preferred first name (if different)	
Surname or family name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify
What is your Kiwi VoIP account number?	

What is the address receiving phone service?	Flat Street name: Suburb/City: Postcode:
Landline phone number	
Mobile phone number	
Email address	
Physical address	Flat Street name: Suburb/City: Postcode:
Postal address (if different from above)	Flat Street name: Suburb/City: Postcode:

3b. Details of person listed as an authority on the account

First name(s)	
Preferred first name (if different)	
Surname or family name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify
Landline phone number	
Mobile phone number	
Email address	
Physical address	Flat Street name: Suburb/City: Postcode:
Postal address (if different from above)	Flat Street name: Suburb/City: Postcode:

4. What is the preferred method of contact (please tick)?

Home
 Mobilephone
 Mail
 Email

5. Are you making this application for yourself, or on behalf of someone else?

- I am applying to be covered by the 111 Contact Code (Go to Part B) I
 am applying on behalf of someone else (fill out 5a)

5a. Details of person who wants to be covered by the 111 Contact Code

*Please only fill out this section if you are applying on behalf of someone else	
First name(s)	
Preferred first name (if different)	
Surname or family name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify

Part B - Information on the person at particular risk

How to complete Part B:

1. Read Guidance Note 1 (provided with this form).
2. Complete Question 6 and Question 7

6. Please select which category most closely relates to the specific circumstance of the person who wants to be covered by the 111 Contact Code?

- Health Safety Disability

7. Is the specific circumstance of the person permanent or temporary?

- Permanent Temporary _____

*If you selected 'Temporary', what is the estimated period of time for this?

Part C - Supporting information

How to complete Part C:

1. Read Guidance Note 2 (provided with this form).
2. Complete Q8

8. What information is being provided in support of the application?

- Sufficient evidence to support that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service (fill in 8a) **OR**
- Details of a nominated person we can contact to verify that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service (fill in 8b and 8c)

8a. Please specify why you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service

* We may request you provide some supporting evidence.

8b. Details of nominated person

Details of a nominated person we can contact to verify that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service

First name(s)	
Surname or family name	
Occupation	
Telephone number	
Mobile phone number	
Email address	
Postal address	Flat Street name: Suburb/City: Postcode:

8c. Declaration regarding nominated person

*Please note that if you are making this application on behalf of someone else, before completing this declaration, you must have received permission from that person to authorise us to contact the nominated person

I authorise Kiwi VoIP to contact _____
(Full name of nominated person)
for the purposes of verifying that I (or the person I am applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service.

Signature:

Date:

Part D - General declaration

How to complete Part D:

1. Read Guidance Notes (provided with this form).
2. Complete the declaration.

- I acknowledge and declare that, to the best of my knowledge, the information given in this form is correct;
- I acknowledge and declare that _____:
(please insert your name here, or the person you are applying on behalf of)
 is (or will become) at particular risk of requiring the 111 emergency service; and
 does not have a means to contact the 111 emergency service at the premises that can be operated for a continuous 8-hour period in the event of a power failure;
- I understand that the information I have provided in this form will be stored with Trustpower;
- I understand that the information I have provided in this form may be shared with relevant third parties for the purposes of providing and managing my service.

Signature:

Date: