



Priority and Special Services Customer  
Registration form

## Priority & Special Services Customer Registration Form

### Supporting our Vulnerable Customers

Yuno Energy offers the utmost support to our vulnerable customers with exceptional needs or dependent on an uninterrupted electricity supply.

If you or a member of your household qualify as a Vulnerable Customer, please let us know by completing our Vulnerable Customer Registration Form (below).

### Am I a Vulnerable Customer?

A Vulnerable Customer falls into one of two categories:

- 1. Priority Services Customer.** You are critically dependent on electrically powered medical devices such as (but not limited to) ventilators or dialysis machines.

Yuno Energy will never, unless instructed to do so by a customer, request a disconnection for customers on Priority Services.

- 2. Special Services Customer.** You are of advanced age (65 or older) or have physical, mental, intellectual, or sensory health difficulties.

Special Services customers of Yuno Energy are guaranteed protection against disconnection during the winter months.

Please find the Yuno Energy Codes of Practice on Vulnerable Customers on our website.

### How can I register as a Vulnerable Customer?

Please complete our online form below to register as Priority Services or Special Services customer. To request a paper form with a stamped addressed return envelope, email us at [priorityservices@yunoenergy.ie](mailto:priorityservices@yunoenergy.ie) or call 1800 662 227.

The form also allows you to nominate a **third-party representative** (a friend, relative or licensed carer) to manage your Yuno Energy account on your behalf.

## Registration Form

| Your Details                   |     |
|--------------------------------|-----|
| Name                           |     |
| Address                        |     |
| Date of Birth                  | / / |
| Contact Number                 |     |
| Mobile Number                  |     |
| Minicom Number (if applicable) |     |
| Email Address                  |     |
| MPRN or Account Number         |     |
| GPRN (for Gas Customers)       |     |

### How would you like to be contacted?

Email       SMS       Phone       Post

If you wish to have an alternative person to manage your account, that's no problem at all. Simply fill in their details and ask them to sign this form:

|  |  |
|--|--|
| Your Account number (electricity only) |  |
| Alternative contact name               |  |
| Alternative contact address            |  |
| Alternative contact phone number       |  |
| Alternative contact email address      |  |

**Signature of Alternative Contact:**

I agree to have my personal contact details stored for the continued management of this account.

## Registration Category

### Electricity & Gas

#### Life Support Equipment

|                                      |  |
|--------------------------------------|--|
| Oxygen Concentrator                  |  |
| Home Dialysis                        |  |
| Total Parental Nutrition Machine     |  |
| Peg Tube Feeding Pump                |  |
| Personal Suction Machine             |  |
| Electric Pressure Relieving Mattress |  |
| Other(please specify):               |  |

#### Non-Life Support Equipment (electricity only)

|  |  |
|--|--|
| Household Lift                                 |  |
| Stair Chair                                    |  |
| Nebuliser                                      |  |
| Ventilator (Sleep Apnea)                       |  |
| Electric Hoist                                 |  |
| Other(please specify):                         |  |
| Does the above equipment have battery back up? |  |

#### Age

|   |  |
|---|--|
| 66 or over living alone                           |  |
| 66 or over and living with a minor                |  |
| 66 or over and living with another person over 66 |  |

#### Mobility

|                        |  |
|------------------------|--|
| Arthritis              |  |
| Wheelchair bound       |  |
| Paraplegic             |  |
| Quadriplegic           |  |
| Artificial Limbs       |  |
| Other(please specify): |  |

#### Sight or Hearing

|                         |  |
|-------------------------|--|
| Blind                   |  |
| Partially Sighted       |  |
| Deaf                    |  |
| Hard of Hearing         |  |
| Other (please specify): |  |

**Simply post this form to:**  
 Priority Service Manager,  
 Yuno Energy, Paramount Court,  
 Corrig Road, Sandyford, Dublin 18



## Get in touch

If you have any queries, please

get in touch:

[priorityservices@yunoenergy.ie](mailto:priorityservices@yunoenergy.ie)

Yuno Energy, Paramount Court, Corrig  
Road, Sandyford, Dublin 18, D18R9C7

Registered Office: Yuno Energy, Paramount Court, Corrig Road,  
Sandyford, Dublin 18, D18R9C7.

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