

SOLAR WATER HEATING

GRANT CLAIM FORM



CUSTOMER'S DETAILS

Name	<input type="text"/>			
Contact address	<input type="text"/>			
	<input type="text"/>			
Day phone number	<input type="text"/>	<input type="text"/>	Cell phone	<input type="text"/>
Installation address	<input type="text"/>			
	<input type="text"/>			
Email	<input type="text"/>			

INSTALLER'S DETAILS

Participating installer	<input type="text" value="COMPANY NAME"/>		
EECA installer ID Number	<input type="text"/>		
Name	<input type="text" value="FIRST NAME"/>	<input type="text" value="LAST NAME"/>	
Contact address	<input type="text" value="STREET NUMBER"/>	<input type="text" value="STREET NAME"/>	
	<input type="text" value="SUBURB"/>	<input type="text" value="TOWN/CITY"/>	<input type="text" value="POST CODE"/>
Day phone number	<input type="text"/>	<input type="text"/>	Cell phone <input type="text"/>
Email	<input type="text"/>		

INSTALLATION DETAILS

Package system ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building consent number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If the solar system is being retrofitted to an existing tank, a separate building consent must be issued and the tank must have been in use for at least three months, without the solar system.																			
Retrofit to existing tank	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No															
*Name of council	<input type="text"/>																		
*Total cost of the Installation	<input type="text"/>																		
	\$ INCL GST																		
I have provided a copy of the invoice to verify purchase. (Please Tick) <input type="checkbox"/>																			
Installation date	<input type="text"/>																		
*Type of building	<input type="checkbox"/>	New house	<input type="checkbox"/>	Existing house	<input type="checkbox"/>	Non-residential building													
Equipment serial number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(for loans only) * For information purposes only.</small>																			

Please turn over

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GRANT CLAIM FORM



BANK DETAILS (FOR GRANT ONLY)

Customer bank account number – – –

I have provided a copy of a bank deposit form or bank statement to confirm above number. (Please Tick)

Name of account

Bank/Branch

DECLARATIONS (PLEASE TICK)

- | | |
|---|--|
| <input type="checkbox"/> We declare that the packaged system named on this form has been installed at the installation address. | <input type="checkbox"/> We agree that EECA may conduct an audit of the installation, and relevant documentation. |
| <input type="checkbox"/> I (the customer) have received the owner's instruction manual and warranty information from the supplier or installer. | <input type="checkbox"/> We declare that no other application for a solar water heating grant or loan has been made for the installation address. |
| <input type="checkbox"/> I (the installer) have successfully completed the Short Course Certificate on Solar Water Heating Installations or an NZQA approved equivalent course. | <input type="checkbox"/> We declare and undertake that the information provided in this application form is correct and complete to the best of our knowledge. |
| <input type="checkbox"/> I (the installer) have received product specific training from the supplier of the system installed. | |

All personal information in this application form will be held by EECA, PO Box 388, Wellington 6140. Under the Privacy Act 1993, all individuals have the right of access to, and correction of, their personal information held by EECA. EECA may use personal information collected for purposes related to the Solar Water Heating Programme, including sharing it with local authorities for the purpose of verifying building consent references. Failure to provide all requested information may result in this application being declined.

- Only installations sold and installed after 23 September 2008 qualify for the grant.
- The Grant Claim Form should be submitted to EECA within three months of the date of installation.

Customer's Signature

DATE / /

Installer's Signature

DATE / /

Please send this form to the Solar Grants Administrator.

Post: EECA, PO Box 388, Wellington 6140

Fax: (04) 499 5330

Email: solarfinance@eeeca.govt.nz or

Phone: 0800 749 782 for more information.

www.energywise.govt.nz/solar