

Declaration for partners distributing free sensor lamps

I declare that I am duly authorised to sign this declaration for and on behalf of the Organisation, and on behalf of the Organisation I confirm that:

Organisation:

Supplier:.....

Energy Saving Project:

Energy Saving Project timescales from:/...../..... to/...../.....

Specified Priority Group Percentage:.....

Number of Sensor lamps delivered to, and distributed by, the Organisation.....

1. The Supplier has provided the Organisation with Sensor lamps which have all been distributed to domestic consumers for the purpose of the Energy Saving Project.
2. Each recipient was asked if he wished to receive Sensor lamps and an explanation was provided to each consumer on how to use Sensor lamps in their home.
3. Where a consumer conformed that they wished to received Sensor lamps he signed his name/provided his name [delete as appropriate] and provided his address to confirm this.
4. Steps have been taken to ensure that each person has received no more than two Sensor lamps.
5. The Specified Priority Group Percentage of recipients of measures delivered under the Energy Saving Project are in receipt of at least one of the following:

Council tax benefit

Housing benefit

Income support

Income-based job seekers allowance

Attendance allowance

Disability living allowance

War disablement pension which includes either a mobility supplement or

constant attendance allowance

Disablement pension which includes constant attendance allowance

State pension credit

Child tax credit where the relevant income is £14,600 or less

Working tax credit where the relevant income is £14,600 or less

6. The Specified Priority Group Percentage has been determined in the following way(s):

7. The Organisation agrees that this declaration can be passed to Ofgem for the purposes of demonstrating the Supplier's compliance with their energy efficiency obligations under the Electricity and Gas (Energy Efficiency Obligations) Order 2004.

Address, telephone number, fax number and email address of Organisation:

Name of authorised signatory:

Position in organisation:

Signed

Date.....

Print Name.....