



Customer Care Team
Calor Teoranta
Long Mile Road
Dublin 12

NOMINATION FORM

The following Section must be completed by the Calor Account Holder:

Name: _____

Address: _____

Calor Account Number: _____

Dear Sirs,

I would like to nominate _____ to be an individual with permission to access my Calor Account. I acknowledge, consent and confirm that this nomination form provides this individual with the permission to access all information relating to my Calor Account such as my account balance.

I also confirm that if I wish to remove this individual from my account, I must do so in writing to Customer Care Team, Calor Teoranta, Long Mile Road, Dublin 12.

Print Name: _____

Signature: _____

Date: _____

Section to be completed in office:

Received by:

Date: