MOVING OUT NOTIFICATION FORM (M1)

Please complete and return this Moving Out Notification Form (M1) by mail, or Email to info@ndenergyinc.com or via fax (905) 612-0259.

CUSTOMER INFORMATION (PLEASE PRINT)
All Fields With An Asterisk (*) Are Required

Customer Status*: ☐ Owner ☐ Tenant	**Account Number*:**

Service Address*: (Street Number, Street Name, Unit Number)	City*:	Postal Code*:	Electrical Vehicle Parking Unit No. (if any)

Account Holder*:	First Name*:	Middle Name:	Last Name*:

Forwarding Address for Final Bill*: (Street Number, Street Name, Unit Number)	City*:	Postal Code*:

Contact Information: Primary Phone*:	Secondary Phone:	Email*:

Name of landlord (legal owner of rental unit) *		
Street Number*	**Street Name***	**Suite/Unit***
City *	**Province, country ***	**Postal Code***

Home Phone*	**Cell Phone(optional)**

Landlord Agreement

Landlords: By singing this agreement you agree to be the interim account holder for the services to Rental property. You understand that whenever a tenant calls to close their ND Energy account, you will automatically assume responsibility for the utility account and continued services starting on the tenant's termination date and until such time as a new tenant establishes an account with ND Energy. No reconnection or new account charges will apply to you under this option.

This agreement is dates as of the Day of ,20

Landlord (Legal Owner) Signature	**Landlord (Legal Owner) Please Print**

All information submitted through this process will only be used by ND Energy Inc. in support of our obligations under the Utility Sub-Metering Agreement for each property. This information is being collected and used for billing, collection, auditing and other necessary purposes, and will be assigned the appropriate confidentiality level on receipt.

In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), the Resident named above acknowledges that providing personal information to ND Energy Inc. is considered consent to collection, use and disclosure for the stated purposes, and may only be shared with ND Energy Inc. and authorized third party providers of ND Energy Inc.

<table>
<tr><td colspan="2">*DATE OF CLOSING / LEASE END DATE (MOVE-OUT): _____/_____/_____ (YYYY/MM/DD)</td></tr>
<tr><td>Seller's Law Firm:
(If applicable)</td><td>Company Name:</td></tr>
<tr><td rowspan="4">Contact Information of Law Firm:</td><td>(Street Number, Street Name, Unit Number)</td></tr>
<tr><td>City: Province: Postal Code:</td></tr>
<tr><td>Tel.: Fax.:</td></tr>
<tr><td>Email:</td></tr>
<tr><td colspan="2">AUTHORIZATION: I understand that my security deposit, if applicable, will be applied to my account on final billing. Should the final billing amount be less than the amount of the security deposit, ND Energy Inc. will mail a cheque for the balance to the forwarding address providing above.

I confirm the information I have provided above is true and complete.</td></tr>
<tr><td>Account Holder Signature:</td><td></td></tr>
<tr><td>Date:
(YYYY/MM/DD)</td><td></td></tr>
</table>

By Mail: Send completed form to ND Energy Inc., 6205A Airport Rd, Suite #300, Mississauga, ON L4V 1E1.