



For Office Use Only	
Application Number	EB- 2009-0189
Date Received	Aug 22/09

A. General information

1. Licence Name

Name of Applicant:	ENERGHX CONSULTING
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2. Primary Contact for this Application

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	OGEDENGBE	EMMANUEL	O. B.
Other: <u>DR.</u>	Position Held: CEO & GREEN ENERGY SOLUTION CONSULTANT		
Contact Address (if R.R., give Lot, Concession No. and Township) 73 COMPATA WAY			
City GLOUCESTER	Province/State ONTARIO	Country CANADA	Postal/Zip Code K1B 4X1
Phone Number 613-680-1018	FAX Number 613-841-2146	E-mail Address ogedengbe@energhx.com	

3. Type of Application

New licence	<input checked="" type="checkbox"/>
Renewal	<input type="checkbox"/>

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
Corporation	<input type="checkbox"/>
Other (describe):	

5. Trade Names

The standard electricity retailer licence authorizes the licensee to conduct business using the company name under which the licence is held. It also provides for the use of trade names by a licensed retailer.

Does your company intend to use trade names?

Yes No

If yes, please provide a list of all trade names your company intends to use in its retailing of electricity.

ENERGHX

6. Type of Licence

a) Do you intend to retail electricity to small-volume consumers (consuming less than 150,000 kWh/year) in Ontario?

Yes No

b) Do you currently have contracts with small-volume consumers?

Yes No

c) Do you intend to retail electricity to large-volume consumers (consuming more than 150,000 kWh/year) in Ontario?

Yes No

d) Do you currently have contracts with large-volume consumers?

Yes No

Note: if no market is indicated, the Applicant will be assumed to be intending to serve both large volume and small volume consumers. If the Applicant indicates an intention to serve large-volume consumers only, a restricted licence may be issued.

e) Do you intend to act as an Agent?

Yes No

f) Do you currently offer contracts to act as an agent?

Yes No

g) Does your company intend to market green or alternative power?

Yes No

B. Information about the Applicant**7. Applicant**

a) Application on behalf of:			
Full Legal Name of Applicant EMMANUEL O.B. OGEDENGBE (DBA ENERGHX CONSULTING)		Ontario/Other Jurisdiction Corporation Number or Business Registration Number 180086472	Date of Formation or Incorporation 2008-01-23
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. 73 COMPATA WAY			
City GLouceSTER	Province/State ONTARIO	Country CANADA	Postal/Zip Code K1B 4X1
Phone Number 613-680-1018	FAX Number 613-841-2146	E-Mail Address (if applicable) ogedengbe@energhx.com	
c) Address for service in Ontario (if different from Business Address in 7b above). If R.R., give Lot, Concession No. and Township.			
City	Province	County	Postal Code
Phone Number	FAX Number	E-Mail Address (if applicable)	
d) Please provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed			
Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/>	Last Name: OGEDENGBE	Full First Name: THERESA	Initial: A.
Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Position Held: BUSINESS DEVELOPMENT CONSULTANT		
Contact Address (if R.R., give Lot, Concession No. and Township) 73 COMPATA WAY			
City GLouceSTER	Province/State ONTARIO	County CANADA	Postal/Zip Code K1B 4X1
Phone Number 613-830-9239	FAX Number 613-841-2146	E-Mail Address consulting@energhx.com	