



Form C/04:

**Request for Wholesaler to amend
third party reference(s)**

Change History

Version Number	Date of Issue	Reason for Change	Change Control Reference	Sections Affected
Draft 20150714	14 July 2015	For pre-vendor MAP		All
ICP Housekeeping Version 20150930	25 August 2015	Non-material housekeeping changes	ICPAWRC/CP 001	All
ICP Operational Forms— Consistency Alterations 20161013	13 October 2016	Changes to reflect ICP Change Proposal ICPAWRC044	ICPAWRC044	2; 5
	13 October 2016	For 20161013		As per ICPAWRC044

Form C/04: Request for Wholesaler to amend third party reference(s)

For use by Retailers

This form should be used by Retailers when requesting that a Wholesaler may need to amend the third party references applying to a Supply Point under Process C7 of the Operational Terms. A site visit may be required to assess the request.

The form is divided into sections as follows

Number	Section
1.	Retailer details
2.	Current supply point details
3.	Reason for the request
4.	Proposed third party reference(s)
5.	Proposed premises and reference details
6.	Additional information
7.	Consent to contact the Non-Household Customer
8.	Declaration

All sections are mandatory except sections 4 to 6. You must complete either section 4 or section 5 following the instructions in section 3.

Mandatory means that the Retailer must provide the requested information wherever it applies to the particular request. If a piece of information does not exist or is not applicable in the circumstances, the Retailer must note this and, where relevant, provide a reason why it is not applicable.

1. Retailer details

Retailer name

Retailer's own reference

Retailer ID

Contact name

Contact number

Contact e-mail

2. Current supply point details

As registered at the Market Operator

SPID

VOA BA reference, (if not available please provide a reason)
.....

UPRN, (if not available please provide a reason)
.....

Address of premises

Secondary Addressable Object

Primary Addressable Object

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Address Line 5

PAF Address Key (if available)

Postcode

3. Reason for the request

Please indicate the type of amendment, reason for the request, and complete the relevant section

- | | | |
|--------------------------|---|---------------------------|
| <input type="checkbox"/> | No previous VOA BA reference, UPRN or both | Please complete section 4 |
| <input type="checkbox"/> | Update of existing VOA BA reference, UPRN or both | Please complete section 5 |
| <input type="checkbox"/> | UPRN correction | |
| <input type="checkbox"/> | VOA BA reference correction | |
| <input type="checkbox"/> | Premises merger | |
| <input type="checkbox"/> | Premises split | |
| <input type="checkbox"/> | Buildings upgrade | |
| <input type="checkbox"/> | Other | |

If Other, please specify details

.....

4. Proposed third party reference(s)

Where there is no previous reference registered at the Market Operator, please provide the reference(s)

VOA BA reference

UPRN

5. Proposed premises and reference details

Where an update is required to an existing reference(s) registered at the Market Operator, please provide the new reference details

Proposed VOA BA reference (if not available please provide a reason)

.....

Proposed UPRN (if not available please provide a reason)

.....

New address of premises as relevant

Secondary Addressable Object

Primary Addressable Object
Address line 1
Address line 2
Address line 3
Address line 4
Address line 5
PAF Address Key (if available)
Postcode

<p>6. Additional information</p> <p>Please provide any additional information in support of the request. If supporting information is provided separately please indicate here.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>7. Consent to contact the Non-Household Customer</p> <p>The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises.</p> <p><input type="checkbox"/> Yes Please provide contact details below</p> <p><input type="checkbox"/> No</p> <p>Customer contact details</p> <p>Contact name at premises</p> <p>Contact number</p> <p>Please indicate if you want to be notified of the date of the visit</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

8. Declaration

I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission

Signature

Date (dd/mm/yyyy)

Full name (in capitals)

Role in the company or job title