



Form H/06:

**Application for vacant premises
incentive payment**

Change History

Version Number	Date of Issue	Reason for Change	Change Control Reference	Sections Affected
ICP Housekeeping	25 August 2015	Non-material housekeeping changes	ICP/WRC/CP001	All
ICP Quality Assurance	22 September 2015	Clarificatory and syntax changes following review of the texts	ICP/WRC009	Footer, Section 4
20150930	30 September 2015	For post-vendor MAP		As per Quality Assurance version.
ICP Operational Forms—Consistency Alterations	13 October 2016	Changes to reflect ICP Change Proposal WRC/044	ICP/WRC044	2
20161013	13 October 2016	For 20161013		As per ICP/WRC044

Form H/06: Application for vacant premises incentive payment

For use by Retailers

To Wholesaler

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To Wholesaler

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This form is to be used when the Wholesaler offers an incentive scheme in relation to vacant premises and the Retailer wishes to claim a payment in respect of that scheme under Process H7 of the Operational Terms.

Where Water and Sewerage Services at the eligible premises are provided by the same Wholesaler, an application relating any vacant premises incentive payment as set out in the Wholesale Tariff Document may be made to the single Wholesaler. Otherwise separate applications may need to be made to each Wholesaler as applicable.

The form is divided into sections as follows

Number	Section
1.	Retailer details
2.	Eligible premises details
3.	Occupant details
4.	Meter reading
5.	Additional information
6.	Declaration by the Retailer

All sections are mandatory unless indicated.

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 ID

Retailer's own reference

Contact name

Contact number

Contact e-mail

2. Eligible premises details

SPID

VOA BA Ref, (if not available please provide a reason)
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UPRN, (if not available please provide a reason)
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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. Occupant details

3.1 Retailer History

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | The Supply Point is registered to another Retailer and no transfer registration application has been made. The Retailer that is registered to the Supply Point has been informed of this application. | Please go to section 5 |
| <input type="checkbox"/> | The Supply Point has been transferred to the above named Retailer since the previous occupant left the premises. | Please supply all the relevant information you have about the previous occupant or activity at the premises |
| <input type="checkbox"/> | The Supply Point has not been transferred to the above named Retailer since the previous occupant left the premises. | Please complete section 3.2 below |

3.2 Previous Occupant

Name of Organisation

Companies House Ref for Registered Companies

Charity Ref for Registered Charities

Name of Department or Authority for Public Bodies

Date property vacated

Please provide any additional information relevant to the previous occupant where appropriate

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3.3 Current Occupant

Name of Organisation

Companies House Ref for Registered Companies

Charity Ref for Registered Charities

Name of Department or Authority for Public Bodies

Date property occupied

Date occupancy status updated at the Market Operator

4. Meter reading

For metered Supply Points, please provide meter reading at date of occupancy for each meter installed at the Supply Point – if there are more meters please use additional sheets

	Meter 1	Meter 2	Meter 3
Meter manufacturer
Meter serial number(s)
Meter reading
Date of reading

5. Additional information

Please provide any additional information relevant to the application where appropriate

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6. Declaration by the Retailer

I hereby acknowledge and declare that the Supply Point for which this incentive application is being made is eligible for a vacant premises incentive payment, consistent with the vacant premises incentive scheme operated by the Wholesaler and set out in the Wholesaler's Wholesale Tariff Document. 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