



**Form I/02:
Non-Household Customer
disconnection request**

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 | 25 August 2015 | Non-material housekeeping changes | ICP/WRC/CP001 | All |
| 20150930 | 30 September 2015 | For post-vendor MAP | | |
| ICP Operational Forms— Consistency Alterations | 13 October 2016 | Changes to reflect ICP Change Proposal ICP/WRC044 | ICP/WRC044 | 2 |
| 20161013 | 13 October 2016 | For 20161013 | | As per ICP/WRC044 |

Form I/02: Non-Household Customer disconnection request

To Wholesaler

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This form should be used in the case of

- Customer requested disconnection implemented by means of a temporary disconnection / restriction;
- Customer requested permanent disconnection

under Processes I5 and I6 of the Operational Terms.

For Retailer requested disconnections, Form I/01 should be used.

This is a notice applying for a disconnection under section 62 of the 1991 Act. By signing the form below, the Non-Household Customer has confirmed that it wishes to make the application. By submitting this form, the Retailer confirms that, subject to completion of the remaining steps of process I5 or I6, as applicable, it accepts liability for the Wholesale Charges in respect of that disconnection.

The form is divided into sections as follows

| Number | Section |
|--------|----------------------------------------------------------|
| 1. | Retailer details |
| 2. | Supply Point details |
| 3. | Water supplies |
| 4. | Information regarding the viability of the disconnection |
| 5. | Declaration by the authorised signatory |
| 6. | Retailer declaration |

If the Wholesaler is to perform the disconnection, all sections are mandatory except section 6. If an Accredited Entity is to perform the disconnection then information marked with an asterisk (*) is mandatory for initial submission, and section 6 is mandatory following disconnection (whether this is on first or subsequent submission).

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. *Supply Point details

SPID number

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

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

Premises Address

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

Customer Name

Customer Banner Name

Please indicate below the supplies which are to be disconnected

| | | | |
|-------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| 3. *Water supplies | | | |
| Type of Disconnection | | | |
| <input type="checkbox"/> Permanent disconnection of the water supplies | | | |
| <input type="checkbox"/> Temporary disconnection / restriction of the water supplies | | | |
| Unmetered water supply or supplies to be disconnected <input type="checkbox"/> | | | |
| Number of supplies to be disconnected | | | |
| Metered water supply or supplies <input type="checkbox"/> | | | |
| Number of supplies to be disconnected | | | |
| Meter details for each metered water supply to be disconnected - if there are more meters, please use additional sheets | | | |
| | Meter 1 | Meter 2 | Meter 3 |
| Meter serial number | ..... | ..... | ..... |
| Meter manufacturer | ..... | ..... | ..... |
| Meter size ¹ | ..... | ..... | ..... |
| Where the meter has an associated combination, please provide the serial number of the associated meter | | | |
| | | | |
| 3.1 Meter Information | | | |
| | Meter 1 | Meter 2 | Meter 3 |
| Meter location (GIS X) | ..... | ..... | ..... |
| Meter location (GIS Y) | ..... | ..... | ..... |
| Meter 1 location | ..... |  |  |
| Meter 2 location | ..... |  |  |
| Meter 3 location | ..... |  |  |

¹ Nominal size of the meter in mm e.g. for a DN15 meter the Physical Meter Size is 15

Out of hours Disconnection

Tick if an out of hours disconnection is requested

Indicate a requested 4 hour time window

4. *Information regarding the viability of the disconnection

Is the occupier also the owner of the eligible premises for which the supply is to be disconnected?

Yes

No

If No, has the owner of the Non-Household Premises consented to the disconnection of the Service?

Yes

No

Do you intend to use an Accredited Entity to perform the disconnection?

Yes

No

If Yes, please indicate the name of the Accredited Entity who will undertake the work

.....

Has the Accredited Entity carried out an initial visit to confirm that the disconnection may proceed?

Yes

No

If the disconnection has taken place on the initial visit please indicate here

5. Non-Household Customer contact

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?

Yes

Please provide contact details below

No

Customer Contact Details

Contact name at premises

Contact number

Please indicate if you want to be notified of the date of the visit

Yes

No

6. Update following disconnection by an Accredited Entity

| | Meter 1 | Meter 2 | Meter 3 |
|---------------------------------|---------|---------|---------|
| Temporary disconnection Y/N? | | | |
| Permanent disconnection Y/N? | | | |
| Date of disconnection | | | |
| Closing Meter read | | | |

7. Declaration by the authorised signatory

An authorised representative of the Non-Household Customer must sign this form.

Signature

Date (dd/mm/yyyy)

Full name (in capitals)

Role in the company or job title

For and on behalf of (company name)
.....

Telephone number

Email address

8. *Retailer declaration

By submitting this form I accept the standard terms for disconnection activity in accordance with the Wholesaler's Wholesale Tariff Document.

For disconnection by the Wholesaler, if activity is for a standard disconnection in standard circumstances as priced in the Wholesale Tariff Document then it will take place without a quote being issued, and may take place on the first visit.

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