



Form A/05:

**Application to be registered as the
Retailer to a newly connected
supply point**

September 2015

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 | ICPWRC/CP001 | All |
| ICP Cross Border | 15 September 2015 | Cross Border matters | ICPWRC007 | Introduction, Section 3 |
| ICP Quality Assurance | 22 September 2015 | Clarificatory and syntax changes following review of the texts | ICPWRC009 | Introduction |
| 20150930 | 30 September 2015 | For post-vendor MAP | | As per Cross Border and Quality Assurance versions |

Form A/05: Application to be registered as the Retailer to a newly connected supply point

For use by Retailers

To Water Wholesaler

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To Sewerage Wholesaler

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This form should be used in the case of the Retailer's Non-Household Customer making arrangements with another provider for its new connection to ensure that the Retailer is registered to the newly connected Supply Point in accordance with the Market Terms by following Process A6 of the Operational Terms.

Is there another Water Wholesaler who does or will supply Water Services at this premises?

- No
- Yes

Other Wholesaler name

Is there another Sewerage Wholesaler who does or will supply Sewerage Services at this premises?

- No
- Yes

Other Wholesaler name

The form is divided into sections as follows

| Number | Section |
|--------|---|
| 1. | Retailer details |
| 2. | Eligible premises details |
| 3. | Wholesaler references for new connections |
| 4. | Declaration |

All information on this form is mandatory.

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

UPRN, if available¹

VOA BA Reference, if available²

Address of eligible premises

Building number

Building name

Address line 1

Address line 2

Address line 3

Town

Postcode

Customer banner name

3. Wholesaler references for new connections

For registration of the supply to the eligible premises, please tick the appropriate box below and provide the relevant information

There is already a SPID for the water supplies to the premises
Please provide existing SPID

If there is no SPID for the water supplies to the premises please provide Water Wholesaler reference(s) for the connection

Water Wholesaler reference(s)

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¹ If not available please provide a reason

² If not available please provide a reason

- There are no water services supplied by a Wholesaler at the premises, or the water services are not eligible
- There is already a SPID for the sewerage supplies to the premises
Please provide existing SPID
- If there is no SPID for the sewerage supplies to the premises please provide Sewerage Wholesaler reference(s) for the connection
Sewerage Wholesaler reference(s)
.....
- There are no sewerage services supplied by a Wholesaler at the premises, or the sewerage services are not eligible

Please provide any additional information relating to the application as appropriate

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4. Declaration

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

This is a first time connection of water and/or sewerage supplies as applicable and there is not currently any Retailer registered to provide the applicable retail services to this premises.

I/We have agreed to provide water Retail services and/or sewerage Retail services as applicable to the eligible premises as a whole and should be registered to it in the Supply Point Register.

Your details

Signature

Date (dd/mm/yyyy)

Full name (in capitals)

Role in the company or job title