

APPLICATION FOR CONTESTABILITY STATUS

Name of Consumer (company): _____
 ("the Consumer")

Existing Electricity Account No : _____
 (if applicable)

Company Registration No: _____

Official Premises Address where supply is required: _____
 ("the Premises")

Mailing Address: _____
 (if different from the Premises)

Fax No: _____

Contact Person: _____ Contact Tel: _____ E-mail: _____

* Requested Date of contestability: _____

1. I wish to apply to be a contestable consumer with respect to the premises stated above ("the Premises")
2. In accordance with the Electricity (Contestable Consumers) Regulations 2003 or such further amendments thereto, I confirm that "the Premises" is a non-residential premises.
3. The phone number of the phone line connected to my meters for the purpose of remote meter reading is _____.
4. I agree that my application for contestability is subject to my compliance with paragraph 3 above and that SP Services shall not be liable for any inconvenience, loss, expense and damage that may be incurred or suffered as a result of a delay or postponement of my compliance or non-compliance of paragraph 3 provided always that such delay, postponement or non-compliance is not caused by SP Services or is within its reasonable control.
5. If my application as a contestable consumer is approved, I agree to open an account with you for Market Support Services and to pay a Security Deposit for an amount declared and in the form approved by you within the time period stipulated by you.
6. I agree to be bound by the Conditions of Service (a copy which will be given to me), which shall take effect when I open an account with you for Market Support Services after being classified as a contestable consumer.

SIGNATURE: _____

COMPANY STAMP: _____

NAME: _____

DESIGNATION: _____

DATE: _____

* Note : (a) You shall be classified as a contestable consumer from such date as may be notified by SP Services Ltd and approved by the Authority.
 (b) This form should reach SP Services Ltd at least 12 business days before the Requested Date of contestability

APPLICATION TO OPEN A MARKET SUPPORT SERVICES ACCOUNT

MSSL A/C No.	
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(For Official Use)

Name of Consumer
(company): _____

("the Consumer")

Company

Registration No: _____

Official Premises
Address where
supply is required :

("the Premises")

Mailing Address:
(if different from
the Premises)

Fax No: _____

Contact Person: _____

Contact Tel: _____

E-mail: _____

* Requested Date of Account Activation: _____
(must be at least 12 business days from date of application)

Tick where appropriate

- I wish to apply to open an account for Market Support Services ("MSS") for the above premises ("the Premises").
- I confirm that I am a contestable consumer and have been notified by Energy Market Authority/SP Services through the Contestability Notice dated _____. (Please attach the Contestability Notice).
- I will make arrangement to turn on the supply of electricity to the electrical installation of my premises on _____ (date), and I will send a confirmation to notify you of any changes.
- I confirm that I intend to move-in/take-over a contestable premises currently taking high tension supply.

Contract Capacity : _____

Contract Expiry date : _____

I agree that my move-in/take-over of the premises is subject to the corresponding move-out of the existing consumer of the premises and I agree that SP Services shall not be liable for any inconvenience, loss, expense and damage that may be incurred or suffered as a result of a delay, postponement or cancellation of such move-out by the existing consumer, provided always that such delay, postponement or cancellation is not caused by SP Services or is within its reasonable control.

I agree that I will be billed from 00:00hrs on the date of move in/take over and up to 23:59hrs on the date I move out of the Premises.

- I intend to purchase my electricity supply from :

An Electricity Retailer

Please specify Retailer Name : _____ Billing Option: * Split / Consolidated (delete appropriately)

Indirectly from the wholesale electricity market through SP Services Ltd

Directly from the wholesale electricity market

- I agree to pay a Security Deposit for an amount declared and in the form approved by you within the time period stipulated by you or before the supply at the premises has been turned on, whichever is earlier.
- I agree to be bound by the Conditions of Service (a copy of which has been given to me) which shall take effect when this application is approved.

SIGNATURE: _____

COMPANY STAMP: _____

NAME: _____

DESIGNATION: _____

DATE: _____