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**Electricity New Connections Form**

**Please complete and return this form to your dedicated account manager.**

**IMPORTANT** – To process your electricity NEW connection request, please provide THE FOLLOWING:

* documents FROM THE nETWORK DISTRIBUTOR
* Photos of the main incoming supply, distribution board (IF APPLICABLE), and any existing meters
* Site plan showing where the NEW supply/meters will be installed
* Proof of site address (registered with the local council or Royal Mail)

If you require a new MPAN, please mention this in the 'ADDITIONAL INFORMATION' box.

A signed Letter of Authority is also required - your account manager can provide this.

**Please note:** New connection timescales can vary between 2 to 8 weeks, depending on the SERVICE TIME, RESPONSE TIME AND AVAILABILITY OF APPOINTMENTS.

**Incomplete FORMS will be rejected.**

**Section 1 - Company Details**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Reg (if applicable): |  |
| Trading Type (Please tick): | Charity  Sole Trader  Partnership  Limited  Public Sector  LLP  Other  If other, please specify: |
| Type of Business (Please tick): | Micro  Macro |
| Business Use: |  |
| Director’s D.O.B if trading less than 12 months: |  |
| Director’s Home Address if trading less than 12 months: |  |

**Section 2 – Site Contact Details**

|  |  |
| --- | --- |
| Full Contact Name: |  |
| Phone Number: |  |
| Email Address: |  |
| Billing Address: |  |

# **Section 3 - Electricity Supply Details**

|  |  |
| --- | --- |
| New Meter Point Administration Number (MPAN): |  |
| Full Site Address including postcode: |  |

**Section 4 - Additional Electricity Supply Details**

|  |  |
| --- | --- |
| Meter Type (Please tick): | CT (Current Transformer)  WC (Whole Current) |
| If CT, please provide CT Ratio: |  |
| Power Required (Please tick): | Single Phase  Three Phase |
| Voltage (Please tick): | Low Voltage  High Voltage  Extra High Voltage |
| Declared Capacity (KVA): |  |
| Estimated Annual Usage (kWh): |  |
| Meter Install Date Required: |  |
| Meter Position/Location (Please tick): | Internal  External |

**Additional Information:**