

Accession Application Form

DISTRIBUTION CONNECTION USE OF SYSTEMS AGREEMENT

APPLICATION FOR ACCESSION

Company applying for Accession

1. Company Name:

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2. Company Registration Number:

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3. Registered Address:

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4. Principle Operating Address:

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5. Applicable Party Category: Supplier / DNO / IDNO / DG / Gas Supplier

6. Date licence applied for / granted:

7. Market Domain Id (If required¹):

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8a. Contract Manager Name:

8b. Contract Manager Telephone: Fax.....

8c. Contract Manager Email Address:

8d. Contract Manager Postal Address:

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9. Emergency SRN (Suppliers only):

¹A Market Domain Id is required from DNO/IDNO and Supplier Parties only

10. **Application**

The Applicant hereby applies for accession to the DCUSA

Signed on behalf of the Applicant by:

Name:

Position (e.g. Director):

Signature:

Date: