

SPA Forms

User Guide

Contents

Section	Page
SPA Forms - User Guide	
Introduction	2
Key to abbreviations used	2
FlowChart for Confirmation of Domestic Sites	3
Shipper/Supplier Enquiry Form (SPA-F1)	4
Shipper Confirmation Form (SPA-F2)	6
(SPA - F2b)	10
Shipper Withdrawal Form (SPA-F3)	13
Shipper Opening Read Form (SPA-F4)	17
Shipper Closing Read Form (SPA-F5)	20
Notification of Customer with Special Needs Form (SPA-F6)	22
Transportation Charges Form (SPA-F7)	24
Standard Lists	27
Rejection Reasons	28
Domestic Shipper Agreed Reads	
Use of Proformas	33
Shipper Agreed Meter Reading Amendment Form - Single Use	37
Shipper Agreed Meter Reading Amendment Form - Multiple Use	38

Introduction

This is a fax based SPA process for use between shippers and independent PGT's for the purpose of confirming domestic customers. The forms are optional and it is possible for alternative procedures to be agreed between PGT and Shipper. Each PGT has a phone line dedicated to Shipper enquiries which can be used if difficulties arise. This User Guide is to complement forms version 01/06/98. It is expected that the guide will be revised to reflect any subsequent changes to the forms.

Fill in the forms, writing clearly in Block Capitals, using Black Ink.

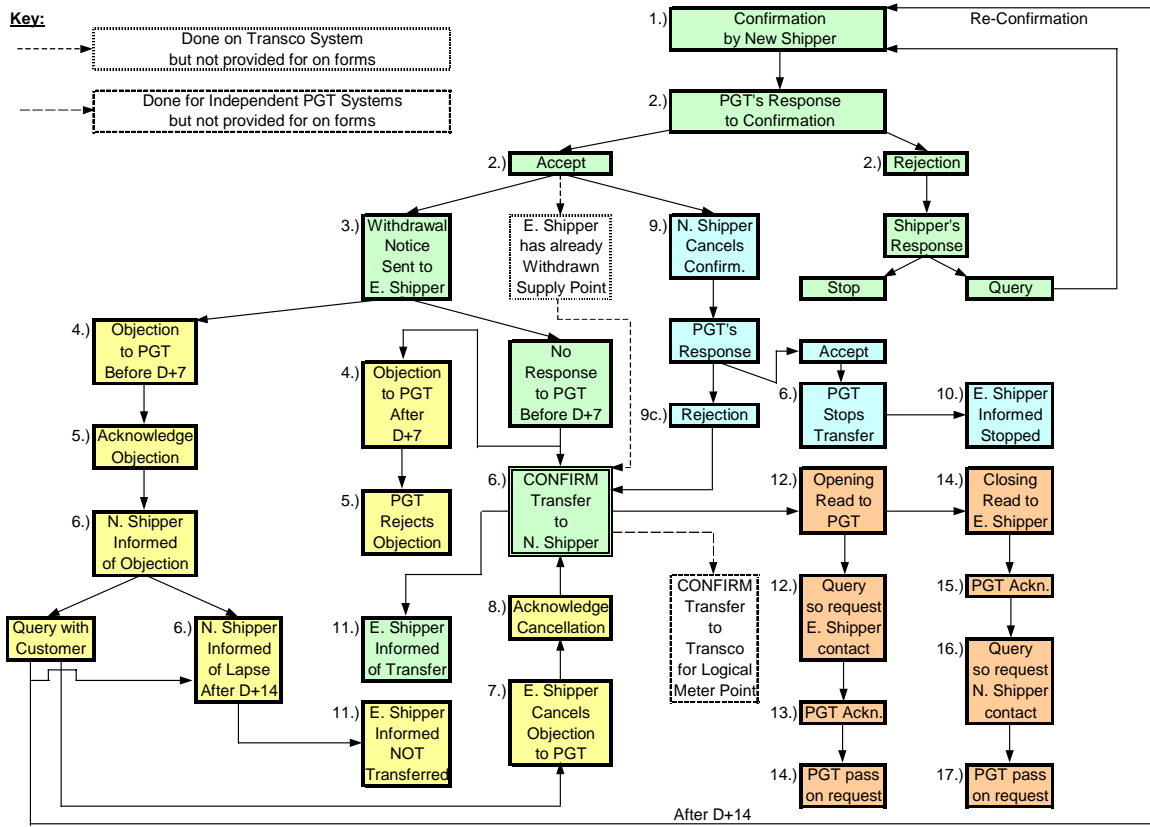
Anything written in *Italics* and followed by "option/al" is information that is not mandatory to the form. Anything written in *Italics* and followed by "if applicable" is information required if agreed by the shipper/PGT to do so.

Aim to fill in as much information as possible which will be helpful to the PGT / Shipper.

Key to abbreviations used:

Tel.	Telephone
No.	Number
PGT	Public Gas Transporter
Ref.	Reference
STD	Standard Trunk Dialling
Cu.	Cubic
CRED.	Credit
PREP.	Prepayment
PAF.	Post-Office Address File
T & P	Temperature and Pressure
Confirming Shipper	Proposing/confirming shipper - shipper requesting the confirmation.
Withdrawing Shipper	Existing/Withdrawing shipper - currently shipping to the Supply Point in question.
N	Numeric
T	Alpha/numeric (text)
N8	Maximum of 8 digits (numeric)
T8	Maximum of 8 alpha/numeric (text)
^	Defined code - see Appendix
*	Delete as appropriate

Domestic - Confirmation of Site



Shipper / Supplier Enquiry Form (SPA-F1)

Section 1

This section is to be filled in by the Shipper / Supplier when raising an enquiry. Once the section is complete it should be faxed to the PGT concerned. For example it may be used to find out an MPR number for an address or vice-versa.

1.) Initial Enquiry (Shipper / Supplier to PGT)	
Shipper / Supplier Name:	^ N10 T
Contact Name:	T
Date Faxed:	_ . _ / _ . _ / _ . _ . _ . _ T
Fax No:	T
Tel. No. (optional):	T
<div style="display: flex; justify-content: space-between;"> Shipper Enquiry Reference (optional): T </div> <div style="display: flex; justify-content: space-between;"> Site Works Reference (if applicable): N9 </div> <div style="display: flex; justify-content: space-between;"> Proposed Shipper (optional): T </div>	
<div style="display: flex; justify-content: space-between;"> CSEP Number (if known): T20 </div> <div style="display: flex; justify-content: space-between;"> "PGT" Meter Point Ref. Number (if known): N10 </div> <div style="display: flex; justify-content: space-between;"> Meter Serial No (if known): T14 </div> <div style="display: flex; justify-content: space-between;"> Post Code (if known): <div style="border: 1px solid black; width: 100%; height: 15px;"> T4 T4 </div> </div> <div style="display: flex; justify-content: space-between;"> Site Address (if known): <div style="border: 1px solid black; width: 100%; height: 15px;"> Plot No: T </div> </div> <div style="border: 1px solid black; width: 100%; height: 15px;"> T</div> <div style="display: flex; justify-content: space-between;"> Comments (optional): T </div> <div style="border: 1px solid black; width: 100%; height: 15px;"> T</div>	

Box Title	Description
Shipper / Supplier Name	The first box should contain your company number (Network Code identifier), whilst the second box should contain your company name .
Contact Name	Your name.
Date Faxed	The date the form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy).
Fax No.	Your fax number, include STD code. e.g. 0171 300 401
Tel. No. (optional)	Your telephone number, include STD code. e.g. 0171 300 400
Shipper Enquiry Reference (optional)	Any reference you wish to allocate to this site / enquiry.
Site Works Reference (if applicable)	Reference previously allocated by the PGT as a siteworks reference.
Proposed Shipper (optional)	The Shipper you intend to use if you confirm this site.
CSEP Number (if known)	The number used by the PGT to identify the CSEP.
"PGT" Meter Point Ref. Number (if known)	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Meter Serial No. (if known)	Number allocated to the meter by the meter manufacturer.

Post Code (if known)	Outcode and Incode in PAF format.
Site Address (if known)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.
Comments (optional)	<i>If you wish to add any more information please do so here.</i>

Section 2 (Shipper/Supplier Enquiry Form)

This section is to be filled in by the PGT in response to receiving Section 1 from the Shipper / Supplier. Once complete it should be faxed back to the Shipper / Supplier who made the original request.

2.) Response to Enquiry (PGT to Shipper / Supplier)	
Contact Name:	
Date Received:	<div style="display: flex; justify-content: space-between;"> ___ . ___ / ___ . ___ / ___ . ___ . ___ . ___ </div>
Tel. No. (optional):	
<b style="color: red;">"PGT" Enquiry Ref. Number:	
CSEP Number (if known):	T20
"PGT" Meter Point Ref. Number (if known):	N10
Meter Serial No (if known):	T14
Post Code (if known):	<div style="display: flex; justify-content: space-between;"> T4 T4 </div>
Site Address (if known):	<div style="display: flex;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">Plot No:</div> <div style="border: 1px solid black; width: 70%;"></div> </div>
<div style="border: 1px solid black; height: 20px; width: 80%;"></div>	
Comments (optional):	
<div style="border: 1px solid black; height: 20px; width: 80%;"></div>	

Box Title	Description
Contact Name	Your name.
Date Received	The date the form is received from the Shipper / Supplier e.g. 01/12/1997 (dd/mm/yyyy).
Tel. No. (optional)	Your telephone number, include STD code. e.g. 0171 300 400
"PGT" Enquiry Ref. Number	Any reference you wish to allocate.
CSEP Number (if known)	The number allocated by you to identify CSEP (must be the same number used for updating AQ information to Transco).
"PGT" Meter Point Ref. Number (if known)	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Meter Serial No. (if known)	Number allocated to the meter by the meter manufacturer.
Post Code (if known)	Outcode and Incode in PAF format
Site Address (if known)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.
Comments (optional)	<i>If you wish to add any further information please do so here.</i>

Shipper Confirmation Form (SPA-F2)

Section 1

This section is to be filled in by the Confirming Shipper (as defined on page 1), to become the registered user of a Supply Point already on the network. Once the section is completed it should be faxed to the PGT concerned. Confirmations should give the minimum of 14 business days notice i.e. D-14.

1.) Confirmation (Confirming Shipper to PGT)			
Shipper Name:	<input type="text" value="^"/>	N10	T
Shipper Contact Name:	<input type="text"/>		Fax No: <input type="text"/>
Date Faxed:	<input type="text" value="___ . ___ / ___ . ___ / ___ . ___ . ___ . ___"/>		Tel. No. (option): <input type="text"/>
Proposed Supply Point Registration Date: <input type="text" value="___ . ___ / ___ . ___ / ___ . ___ . ___ . ___"/>			
Shipper Confirmation Reference (optional):			T30
Site Works Ref. (if applicable):			N9
Meter Reading Agent:	<input type="text" value="^"/>	T4	T
Supplier's Name:	<input type="text" value="^"/>	N10	T
Meter Point Ref. Number:	<input type="text"/>	N10	Full Post Code: <input type="text"/>
Site Address (optional):	Plot No: <input type="text"/>	T	<input type="text"/>
Customer with Special Needs: <input type="text" value="Yes / No *"/> If "Yes" see form attached.			
Request, Transportation Charges: <input type="text" value="Yes / No *"/> Request, CSEP Information: <input type="text" value="Yes / No *"/>			

Box Title	Description
Shipper Name	The first box should contain your company number as agreed by you and the PGT, whilst the second box should contain your company name.
Shipper Contact Name	Your name.
Date Faxed	The date the form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy).
Fax No.	Your fax number, include STD code, e.g. 0171 300 401
Tel. No.(option)	Your telephone number, include STD code, e.g. 0171 300 400
Proposed Supply Point Reg Date	The proposed date when the Confirming Shipper will take over the Supply Point.
Shipper Confirmation Reference (option)	Any reference you wish to allocate. If applied this number will be quoted in all future transactions.
Site Works Ref. (if applicable)	Any reference formerly applied to the site by the PGT in relation to any siteworks.
Meter Reading Agent	From Ofgas list. The first box should contain the number identifying the Meter Read Agency, whilst the second box should contain the name of the Meter Read Agency. Either box can be completed.
Suppliers Name	The Supplier with the end user contract. The first box should contain the Supplier number (Network Code identifier) whilst the second box should contain the name of the Supplier. Either box can be completed.
Meter Point Ref. Number	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Full Post Code	Outcode and Incode in PAF format
Site Address (optional)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.

Customer with Special Needs	If the customer has special needs please circle "Yes", otherwise circle "No". If Yes, you need to fill in the Special Needs Form (SPA-F6) & fax it to the PGT along with this section.
Request Transportation Charges	If you wish the PGT to include information regarding its transportation charges please circle "Yes", otherwise circle "No". If yes the PGT is required to fill out Section 2 of form SPA-F7.
<u>Request CSEP information</u>	If you wish the PGT to include information regarding the CSEP area where the site is based or the Exit zone circle "yes" if not circle "No". If Yes, the PGT will provide the requested information under Section 2 on form (SPA F7)

Section 2 (Shipper Confirmation Form)

This section is to be filled in by the PGT, following receipt of Section 1 from the Confirming Shipper. The form should be checked for errors, if any exist then the rejected section should be filled in (entering the reason(s)) and the form faxed back to the Shipper. If there are no errors the Accepted Confirmation box should be filled in and sent back to the Confirming Shipper, the PGT should also fill in the "Shipper Withdrawal Form" (SPA-F3) and fax it to the Withdrawing Shipper. The PGT should respond to the confirmation within 1 business day.

2.) Confirmation Response (PGT to Confirming Shipper)			
PGT Contact Name:	<div style="border: 1px solid black; height: 20px;"></div> T		
<i>PGT Ref. No. (optional):</i>	<div style="border: 1px solid black; height: 20px;"></div> N9	Tel. No. (option):	<div style="border: 1px solid black; height: 20px;"></div> T
Date Faxed:	<div style="border: 1px solid black; height: 20px;"></div>	Confirmation:	<div style="border: 1px solid black; height: 20px;"></div> Accepted / Rejected *
Accepted: Status: <div style="border: 1px solid black; padding: 2px;">Live / Isolated / Isolation Pending / Removed* <div style="border: 1px solid black; height: 20px;"></div></div>			
Customer with special needs, details currently held: <div style="border: 1px solid black; padding: 2px;">Yes / No *</div> Transportation charges attach: <div style="border: 1px solid black; padding: 2px;">Yes / No*</div>			
Rejected: Reasons: <div style="border: 1px solid black; padding: 2px;">^ <div style="border: 1px solid black; height: 20px;"></div> T8 ^ <div style="border: 1px solid black; height: 20px;"></div> T8 ^ <div style="border: 1px solid black; height: 20px;"></div> T8</div>			
Comments (optional): <div style="border: 1px solid black; height: 20px;"></div> T			

Box Title	Description
PGT Contact Name	Your name.
PGT Ref. No. (optional)	Any reference you wish to allocate. If applied this number will be quoted in all future transactions.
Date Faxed	The date on which the form is faxed back to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
Tel. No. (option)	Your telephone number, include STD code e.g. 0171 300 400
Confirmation	Delete as appropriate.
Status	Delete as appropriate.
Status Date	If the meter is, or expected to be, isolated please fill in the date on which the isolation will take / has taken place e.g. 01/12/1997 (dd/mm/yyyy).
Customer with Special Needs....	Delete as appropriate.
Transportation Charges	If the Shipper has asked for the transportation charges please attach this now and circle "Yes". If no request was received circle "No".
Rejected Reasons	One, or more, of the reasons listed on pages 28 – 32. Please give all reasons included on Section 4 (Objection Notice) of the Shipper Withdrawal Form (SPA-F3).

<i>Comments (optional)</i>	<i>If you wish to add any further information please do so here.</i>
----------------------------	--

Section 9 Cancellation of Confirmation (Confirming Shipper to PGT)

This section is to be filled in by the confirming shipper wishing to cancel a confirmation. To cancel the confirmation the shipper fills in this part and faxes it to the PGT within the time scales set out in the PGT's Network Code.

9.) Cancellation of Confirmation (Confirming Shipper to PGT)	
Contact Name: <input type="text"/>	Date Faxed: <input type="text"/>

BOX TITLE	DESCRIPTION
Contact Name	Your name
Date Faxed	The date the form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy)

Section 6 (Shipper Confirmation Form)

This section is to be filled in by the PGT and faxed to the Confirming Shipper and will be used in one of the following ways:

- If the Withdrawing Shipper does not raise an objection then the PGT will notify the Confirming Shipper that the site was successfully transferred by filling in the **Confirmation Successful** box between D-7 and D-2.
- If the Withdrawing Shipper raises an objection (Section 4 of the "Shipper Withdrawal Form" [SPA-F3] by D-8), and it is accepted by the PGT, the PGT will notify the Confirming Shipper by filling in the first box of the **Objection Received** within 1 business day of receiving the objection.
 - If the Withdrawing Shipper does not cancel their objection, then the PGT will advise the Confirming Shipper that they have not obtained the site by filling in the **Confirmation Lapsed** box between D-7 and D-2.
- If the Withdrawing Shipper raises an objection (Section 4 of the "Shipper Withdrawal Form" [SPA-F3] by D-8), and it is accepted by the PGT, they will notify the Confirming Shipper by filling in the first box **Objection Received** within 1 business day of receiving the objection.
 - If the Withdrawing Shipper subsequently cancels their objection (by filling in Section 7 of the "Shipper Withdrawal Form" [SPA-F3] by D-8), and it is accepted by the PGT they will notify the Confirming Shipper by filling in the **Objection Cancelled** box within 1 business day of receiving the cancellation.
 - The PGT will then advise the Confirming shipper that they have obtained the site by filling in the **Confirmation Successful** box between D-7 and D-2.
- If the confirming shipper has cancelled his confirmation using section 9 above, the PGT should fill in this section to inform the confirming shipper whether his cancellation of confirmation has been successful or not.

Note: This form will be faxed each time one of the boxes, as indicated above, has been filled in.

6.) Transfer Status (PGT to Confirming Shipper)	
An Objection: Has / Has Not * been received to your Confirmation of the above site.	
Contact Name: T	Date Faxed:
Objection Received: Reasons (if applicable): T8 T	
Objection Cancelled: As a consequence the site will be transferred to you (see box below). Contact Name: T Date Faxed: 	
Confirmation Successful: Site will transfer to you on: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Meter Type: ^ Meter serial no: T14 Meter Units: Cu.metres/hr / Cu.feet/hr / Other * </div> <div style="width: 45%;"> Location Code: N2 Number of Dials / Digits: N If "Other" specify: T </div> </div>	
Note: Please provide a meter reading within the required date, using form provided.	
Confirmation Lapsed or Cancelled As a consequence the site will NOT be transferred to you. Contact Name: T Date Faxed: 	

Box Title	Description
An Objection	If an Objection was received, circle "Has". If an Objection was not received, circle "Has Not".
Contact Name	Your name.
Date Faxed	The date on which the form is faxed back to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
Objection Received	Please fill in this section within 1 business day of the Withdrawing Shipper raising an objection. Note: The Withdrawing Shipper must submit the objection by D-8.
<i>Reasons (optional)</i>	<i>Debt or Existing Contract. The top box is for a code as attached. If the Suppliers are following the relevant code of practice, the supplier name should be included. Please give all reasons for the objection given by the Withdrawing Shipper.</i>
Objection Cancelled	Please fill in this section within 1 business day of the Withdrawing Shipper cancelling the objection. Note: The Withdrawing Shipper must cancel the objection by D-8.
Contact Name	Your name.
Date Faxed	The date on which the form is faxed back to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
Confirmation Successful	This section should be filled in between D-7 and D-2 if an objection is not effective, has been cancelled or has not been received.
Site will transfer to you on	The date on which the Site will transfer e.g. 01/12/1997 (dd/mm/yyyy).
Meter Type	Please indicate whether the meter is a credit (CRED) or prepayment (PREP) meter.
Meter Serial No.	Number allocated to the meter by the meter manufacturer.
Location Code	Chose one of the locations from the list on page 27
Number of Dials/Digits	The number of dials/digits on the meter needed for the meter reading, e.g. 5
Meter Units	One of the three categories should be circled.
If "Other" please specify	The units that the meter measures if not Cubic metres/hour or Cubic feet/hour.

Confirmation Lapsed or Cancelled	This section must be filled in between D-7 and D-2.
Contact Name	Your name.
Date Faxed	The date on which the form is faxed back to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).

Confirmation Cancellation – Additions (SPA-F2b)

Section 9b (Confirmation Cancellation – Additions)

This section allows the shipper to inform the PGT of the reasons for the cancellation if there is a requirement to do so. Although it is unlikely to be required for the majority of cancellations it has been included, for the time being, in case it proves to be needed. Most of the information to be provided would be the same as was provided to the PGT in Form SPA-F2 when the supply point was originally confirmed.

9b.) Cancellation of Confirmation - Reasons for Cancellation (Confirming Shipper to PGT)			
Shipper Name:	^ N10 T		
Shipper Contact Name:	T	Fax No:	T
Date Faxed:	__ . __ / __ . __ / __ . __ . __ . __	Tel. No. (option):	T
Proposed Supply Point Registration Date:		__ . __ / __ . __ / __ . __ . __ . __	
Shipper Confirmation Reference (optional):		T30	
Meter Point Ref. Number:	N10	Full Post Code:	T4 T4
Site Address (optional):	Plot No:	T	
Reasons for Cancellation:			
^ T8		^ T8	
^ T8		^ T8	
Comments (optional):			
T			

BOX TITLE	DESCRIPTION
PGT Contact Name	The name of the PGT company
PGT Ref Number (Optional)	Your reference number
Tel.No. (Optional)	Your telephone number
Date Faxed	Date on which the form is faxed back to the shipper, e.g. 01/05/00 (dd/mm/yy)
Proposed Supply Point Registration date	The date the confirming shipper proposed to take over the supply point
Shipper Confirmation reference (Optional)	Any reference allocated by the confirming shipper on form SPA – F2
Meter Point reference number	10 digit number from Transco allocated tranche, e.g. 7400000002 – see page 23
Full postcode	Outcode and incode in PAF format
Site address (optional)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible
Reasons	State reasons for rejecting the confirmation withdrawal
Comments (optional)	If you wish to add any other information please do so here.

Shipper Withdrawal Form (SPA-F3)

Section 3

This section is to be filled in by the PGT following receipt of Section 1 of the “Shipper Confirmation Form”(SPA-F2) for a Supply Point where there is an Existing Shipper. Section 2 of the “Shipper Confirmation Form” (SPA- F2) should then be filled in and faxed to the Confirming Shipper. Once this section is completed it should be faxed to the Withdrawing Shipper within 1 business day of receiving the confirmation.

3.) Withdrawal Notice (PGT to Existing Shipper)			
Shipper Name:	^ N10		T
<i>Contact Name (option):</i>		Fax No:	T
Date Faxed:	_ . _ / _ . _ / _ . _ . _ . _		
<p>Please be advised that the following Supply Point has been Confirmed for transfer:-</p> <p style="text-align: right;"><i>Shipper Confirmation Reference (optional):</i> T30</p> <p>Meter Point Ref. Number: N10 Full Post Code: T4 T4</p> <p>Site Address: <i>Plot No:</i> T</p> <p style="border: 1px solid black; height: 15px; width: 100%;"></p>			
<p>If you wish to Object please do so (stating your reasons) by close of business on:-</p> <p> (not more than 7 business days after receipt of this fax)</p> <p>If no Objection is received transfer of the Supply Point will take place on:-</p> <p> (minimum of 16 business days from receipt of Confirmation)</p>			

Box Title	Description
Shipper Name	The first box should contain the Withdrawing Shipper's number (Network code identifier), whilst the second box should contain the withdrawing shipper's name .
Contact Name (option)	The name of the person, within the Shipper's organisation, who is responsible for the completion of the forms.
Fax No.	The Shipper's fax number, include STD code e.g. 0171 300 401
Date Faxed	The date the form is faxed to the Shipper. e.g. 01/12/1997 (dd/mm/yyyy).
Shipper Confirmation Reference (optional)	Any reference number which has been allocated, by the withdrawing shipper, to the site in question on previous occasions.
Meter Point Ref. Number	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Full Post Code	Outcode and Incode in PAF format
Site Address	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.
If you wish to Object....	The date before which an Objection must be received in order to be valid. e.g. 01/12/1997 (dd/mm/yyyy) [D-7].
If no Objection is received...	The date on which the Supply Point will transfer if no Objection has been received e.g. 01/12/1997 (dd/mm/yyyy) [D].

Section 4 (Shipper Withdrawal Form)

This section is to be filled in by the Existing Shipper, following the receipt of Section 3 of the “Shipper Withdrawal Form” (SPA-F3) from the PGT, if they wish to object to the Confirmation of the Supply Point by a new Shipper. Once completed this section should be faxed back to the PGT within the Network Code timescale (by D - 8).

4.) Objection Notice (Existing Shipper to PGT)	
Contact Name: <input type="text"/>	Fax No: <input type="text"/>
Date Faxed: <input type="text"/>	Tel. No. (option): <input type="text"/>
Nature of Objection (optional): <input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Box Title	Description
Contact Name	Your name.
Fax no.	Your fax number, include STD code. e.g. 0171 300 401
Date Faxed	The date the form is faxed to the PGT. e.g. 01/12/1997 (dd/mm/yyyy).
Tel. No (option)	Your telephone number, include STD code. e.g. 0171 300 400
Nature of Objection (optional)	If you wish to provide a reason for objection, please enter a rejection code in the first line. Supporting text can be added in lines 2 & 3. If you are following the relevant code of practice please identify the suppliers name.

Section 5 (Shipper Withdrawal Form)

This section is to be filled in by the PGT, following receipt of Section 4 of the “Shipper Withdrawal Form” (SPA-F3), and faxed back to the Withdrawing Shipper within 1 business day of receiving the objection notice. This is to indicate to the Withdrawing Shipper whether their objection was successful or not. Section 6 of the “Shipper Confirmation Form” (SPA-F2) should then be filled in and faxed to the Confirming Shipper, informing them of the objection.

5.) Objection Notice Response (PGT to Existing Shipper)	
Response:	<input type="text"/> <input type="text"/>
Contact Name:	<input type="text"/>
Date Faxed:	<input type="text"/>

Box Title	Description
We acknowledge receipt of	Please delete one of the following lines.
Contact Name	The name of the person within the PGT's organisation, who is responsible for the completion of the form.
Date Faxed	The date the form is faxed to the Shipper. e.g. 01/12/1997 (dd/mm/yyyy).

Section 7 (Shipper Withdrawal Form)

This section is to be filled in by the Withdrawing Shipper and faxed back to the PGT informing them that the objection, to the Supply Point Confirmation, is being withdrawn because they are now cancelling their initial objection. This must be faxed by D - 8. If the cancellation is accepted, the PGT should then send Section 6 to the Confirming Shipper to inform them that the objection is cancelled within 1 business day of receiving the cancellation.

7.) Objection Cancellation Notice (Existing Shipper to PGT)	
Contact Name: <input type="text"/>	Date Faxed: <input type="text"/>

Box Title	Description
Contact Name	Your name.
Date Faxed	The date the form is faxed to the PGT. e.g. 01/12/1997 (dd/mm/yyyy).

Section 8 (Shipper Withdrawal Form)

This section is to be filled in by the PGT, following receipt of Section 7 of the “Shipper Withdrawal Form”(SPA-F3), and faxed back to the Existing Shipper. Section 6 of the “Shipper Confirmation Form” (SPA-F2) should then be filled in and faxed to the Confirming Shipper, informing them of the objection cancellation within 1 business day.

8.) Objection Cancellation Notice Response (PGT to Existing Shipper)	
Response:	<ul style="list-style-type: none"> * the potential Confirming Shipper will be advised of the Objection Cancellation. * the Cancellation has been rejected as it was sent after the required deadline.
Contact Name: <input type="text"/>	Date Faxed: <input type="text"/>

Box Title	Description
We acknowledge receipt of ...	Please delete one of the following lines.
Contact Name	Your name.
Date Faxed	The date the form is faxed to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).

Section10 (Shipper Withdrawal Form)

This part allows for when the confirming shipper cancels a confirmation (see part 9.) on form SPA-F2), for the PGT to inform the existing shipper of the cancellation. (It should be noted some helpful text has been included to explain the reason for this part as it is a new addition.)

10.) Cancellation of Withdrawal (PGT to Existing Shipper)	
The Proposing Shipper has requested that the above Supply Point transfer be CANCELLED.	
Contact Name: <input type="text"/>	Date Faxed: <input type="text"/>

BOX TITLE	DESCRIPTION
Contact Name	Your name
Date Faxed	The date the form is faxed to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).

Section 11 (Shipper Withdrawal Form)

This section is to be filled in by the PGT, and faxed to the Withdrawing Shipper informing them of the status of the Supply Point. This should be sent when the status of the Supply Point is known (i.e. between D-7 and D-2).

11.) Responsibility Status (PGT to Existing Shipper)	
Be advised:	<div>*Above Supply Point will be transferred from you on: <input type="text" value="__ . __ / __ . __ / __ . __ . __ . __"/></div> <div>*you have retained responsibility of the above Supply Point.</div>
Contact Name:	<input type="text"/> T <div>Date Faxed: <input type="text" value="__ . __ / __ . __ / __ . __ . __ . __"/></div>

Box Title	Description
Be advised	Please delete one of the following lines and insert the date of transfer where applicable
Contact Name	Your name.
Date Faxed	The date the form is faxed to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).

Shipper Opening Read Form (SPA-F4)

Section 12(Shipper Opening Read Form)

This section is to be filled in by the Confirming Shipper and faxed to the PGT when an opening read is needed i.e. by D+7, as stated in the Network Code (N.B. Currently being modified to extend this to D+12). The “PGT Estimate” means an estimated meter reading should be that agreed with the PGT.

12.) Opening Read (Confirming Shipper to PGT)			
Shipper Name:	^ N10		T
Shipper Contact Name:	T	Fax No:	T
Date Faxed:	_ . _ / _ . _ / _ . _ . _ . _	Tel. No. (option):	T
Meter Point Ref. Number:	N10	Full Post Code:	T4 T4
Site Address (optional):	Plot No: T		
T			
Opening Read:	N	Read Type:	Actual / Customer / PGT Estimate *
Read Date:	_ . _ / _ . _ / _ . _ . _ . _		
Do you wish to request that the Withdrawing Shipper contacts you:		Yes / No *	
If "Yes" please provide your:-			
Contact Name:	T		
Telephone Number:	T		
Reason for Request:	T		

Box Title	Description
Shipper Name	The first box should contain your company number as agreed by you and the PGT, whilst the second box should contain your company name.
Shipper Contact Name	Your name.
Date Faxed	The date this form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy).
Fax No.	Your fax number, include STD code. e.g. 0171 300 401
Tel .No.(option)	Your telephone number, include STD code. e.g. 0171 300 400
Meter Point Ref. Number	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Full Post Code	Outcode and Incode in PAF format
Site Address (optional)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.
Opening Read	The “Opening” meter reading.
Read Type	Delete as appropriate.
Read Date	The date the meter was read e.g. 01/12/1997 (dd/mm/yyyy).
Contact Name	The name of the person who will be dealing with any queries regarding the Opening Read.

Date Faxed	The date this form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy).
Do you wish to request.....	If there is a problem with the reading and you wish the withdrawing shipper to contact you please circle "Yes" here and this will be passed on by the PGT. Otherwise circle "No".
Contact Name	The name of the person within the Shipper's organisation who will be dealing with any enquiries relating to the meter reading.
Telephone Number	Your telephone number, include STD code. e.g. 0171 300 400
Reason for Request	Please state the reason why you wish the Withdrawing Shipper to contact you.

Section 13 (Shipper Opening Read Form)

This section is to be filled in by the PGT. It allows the PGT, firstly to acknowledge receipt of the opening read from the shipper. Secondly it also allows the PGT to inform the shipper if it has not received an opening read from them in the required time scale that it has used either, a PGT calculated estimated, or an actual read obtained by the PGT. (If either of these PGT reads are used the read and date are indicated.)

13.) Receipt of Opening Read (PGT to Confirming Shipper)	
We confirm:	<div style="border: 1px solid black; padding: 2px;">* receipt of the above Opening Reads.</div> <div style="border: 1px solid black; padding: 2px;"> * have not received an Opening Read and the following "Estimate" will be used. Read: N Date: / / </div> <div style="border: 1px solid black; padding: 2px;"> * have not received an Opening Read and the following "Actual" will be used. Read: N Date: / / </div>
Contact Name:	 T Date: / /

BOX TITLE	DESCRIPTION
We Confirm	Please delete as appropriate
Read	Please write in this box the meter reading to be used whether actual or estimate
Date	The date the meter was read or estimated e.g. 01/12/00 (dd/mm/yy)

Section 17 (Shipper Opening Read Form)

This section is to be filled in by the PGT and faxed to the Confirming Shipper if Section 12 of the "Shipper Closing Read Form" (SPA-F5) has been completed, by the Withdrawing Shipper, asking for contact with the Confirming Shipper.

17.) Existing Shipper Requests Contact (PGT to Confirming Shipper)	
<p>If this section has been completed the Withdrawing Shipper has requested that you contact them.</p>	
	Date Faxed: <input style="width: 150px;" type="text" value="__ . __ / __ . __ / __ . __ . __"/>
Withdrawing Shipper's Name:	<div style="display: flex; justify-content: space-between;"> ^ N10 T </div>
Shipper Contact Name:	<div style="display: flex; justify-content: space-between;"> T </div>
Shipper's Telephone Number:	<div style="display: flex; justify-content: space-between;"> T </div>
Reason for Request:	<div style="display: flex; justify-content: space-between;"> ^ T </div>

Box Title	Description
Date Faxed	The date the form is faxed to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
Withdrawing Shipper's Name	The first box should contain the Withdrawing Shipper's company number (Network code identifier), whilst the second box should contain the Withdrawing Shipper's company name.
Shipper Contact Name	The name of the person within the Withdrawing Shipper's organisation, who will be dealing with any queries regarding the Opening Read.
Shipper's Telephone Number	The telephone number of the person, within the Withdrawing Shipper's organisation, who will be dealing with any queries regarding the Opening read.
Reason for Request	State the reason given by Confirming Shipper for the request for the Withdrawing Shipper to contact.

An agreed read process will follow when suppliers have made contact. A form has been agreed by the Industry to facilitate this process and is attached as an Appendix to this guide.

Shipper Closing Read Form (SPA-F5)

Section 14

This section is to be filled in by the PGT and faxed to the Withdrawing Shipper once the Confirmation has been accepted and the meter reading has been received from the Confirming Shipper [the read information may be taken from the “Shipper Opening Read Form”(SPA-F4)]. If the Confirming Shipper has requested that the Withdrawing Shipper contact them, then the bottom part of this section should be filled in. This read should be passed on by D+10.

14.) Closing Read (PGT to Existing Shipper)			
Shipper Name:	^ N10		T
Shipper Contact Name:	T	Fax No:	T
Date Faxed:	_ . _ / _ . _ / _ . _ . _ . _		
Meter Point Ref. Number:	N10	Full Post Code:	T4 T4
Site Address (optional):	Plot No: T		
T			
Closing Read:	N	Read Type:	PGT Estimate / Other *
Read Date:	_ . _ / _ . _ / _ . _ . _ . _		
PGT Contact Name: T			
<p>If this section has been completed the Confirming Shipper has requested that you contact them.</p> <p>Confirming Shipper's Name: ^ N10 T</p> <p>Shipper Contact Name: T</p> <p>Shipper's Telephone Number: T</p> <p>Reason for Request: T</p>			

Box Title	Description
Shipper Name	The first box should contain your company number as agreed by you and the PGT, whilst the second box should contain your company name
Shipper Contact Name	The name of the person within the Shipper's organisation, who is responsible for the completion of the forms.
Fax no.	Your fax number, include STD code e.g. 0171 300 401
Date Faxed	The date this form is faxed to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
Meter Point Ref. Number	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Full Post Code	Outcode and Incode in PAF format.
Site Address (option)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.
Closing Read	The “Closing” meter reading.

Read Type	Estimated or Actual, please delete as appropriate.
Read Date	The date the meter was read e.g. 01/12/1997 (dd/mm/yyyy).
Contact Name	Your name.
Date Faxed	The date this form is faxed to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
Confirming Shipper's Name	The first box should contain the Confirming Shipper's number (Network code identifier), whilst the second box should contain the Confirming Shipper's name.
Shipper Contact Name	The name of the person, within the Shipper's organisation, who is responsible for the completion of the forms.
Shipper's Telephone Number	The Shipper's telephone number, include STD code e.g. 0171 300 400
Reason for Request	State the reason given by the Confirming Shipper for requesting contact

Section 15. (Shipper Closing Read Form)

This part is to be completed by the existing shipper and faxed to the PGT. This should be used to acknowledge receipt of the closing read from the PGT.

15.) Receipt of Closing Read (Existing Shipper to PGT)	
We confirm receipt of the above Closing Reads	
Contact Name: <input type="text"/>	Date: <input type="text"/>

BOX TITLE	DESCRIPTION
Contact Name	Your name
Date	Date the fax is sent to the PGT e.g. 1/12/00 (dd/mm/yy)

Section 16 (Shipper Closing Read Form)

This section is to be filled in by the Withdrawing Shipper in response to receiving a completed Section 10 of the "Shipper Opening Read Form" (SPA-F4). Once completed the form should be faxed back to the PGT. This form should only be sent if you wish to be contacted by the Confirming Shipper.

16.) Request that Confirming Shipper Makes Contact (Existing Shipper to PGT)	
I wish to request that the Confirming Shipper makes contact with me, my details are as follows:-	
Contact Name:	<input type="text"/>
Telephone Number:	<input type="text"/>
Reason for Request:	<input type="text"/>

Box Title	Description
Contact Name	The name of the person, within the Shippers organisation, who is responsible for any queries regarding the closing read.
Telephone Number	The Shipper's telephone number, include STD code e.g. 0171 300 400
Reason for Request	State the reason for requesting the Confirming Shipper to make contact.

Notification of Customer with Special Needs Form (SPA-F6)

Section 1

This section is to be filled in by the Confirming Shipper, to register the details of a customer with special needs. This section must be filled in as part of a Confirmation where the Shipper knows that the customer, at the Supply Point in question, has a special need. This form can also be used to notify the PGT of a customers special needs at any time. Once complete it should be faxed to the PGT concerned.

1.) Customer with Special Needs Details (Shipper to PGT)			
Shipper Name:	<input type="text" value="^"/>	N10	T
Shipper Contact Name:	<input type="text"/>		T
Date Faxed:	<input type="text" value="___/___/___"/>	Tel. No. (option):	<input type="text"/>
			T
<p>Is this part of a Confirmation of a Supply Point: <input type="text" value="Yes / No *"/></p> <p>If "Yes" please provide the proposed Supply Point Registration Date:-</p> <p style="text-align: center;"><input type="text" value="___/___/___"/></p> <p>Note: If "Yes" this form MUST be faxed with the Confirmation Form, part 1.).</p>			
Shipper Confirmation Reference:	<input type="text"/>		T30
Meter Point Ref. Number:	<input type="text"/>	N10	T
Full Post Code:	<input type="text"/>		T4
Site Address (optional):	<input type="text"/>	Plot No:	<input type="text"/>
			T
<p>Customer 1: Contact Effective Date (option): <input type="text" value="___/___/___"/></p> <p>Customer Title (option): <input type="text"/></p>			
	T6	Initials (option):	<input type="text"/>
			T4
First Name (option):	<input type="text"/>	Surname (option):	<input type="text"/>
	T15		T30
Communication Type:	<input type="text" value="^"/>	Number:	<input type="text"/>
	T3		T25
Communication Type (option):	<input type="text" value="^"/>	Number (option):	<input type="text"/>
	T3		T25
Communication Type (option):	<input type="text" value="^"/>	Number (option):	<input type="text"/>
	T3		T25
Contact Password (option):	<input type="text"/>		
	T31		
Condition Type (SEUC):	<input type="text" value="^"/>	<input type="text"/>	<input type="text"/>
	T2	T2	T2
Special Needs Comments (option):	<input type="text"/>		
	T		

Box Title	Description
Shipper Name	The name of your company.
Shipper Contact Name	Your name.
Date Faxed	The date that the form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy).
Fax No.	Your fax number, include STD code. e.g. 0171 300 401
Tel. No. (option)	Your telephone number, include STD code. e.g. 0171 300 400
Shipper Confirmation	Any reference you wish to allocate. If applied this number will be used in all

Reference	future transactions.	
Meter Point Reference number	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27	
Site Address (option)	<i>Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.</i>	
Full Post Code	Outcode and Incode in PAF format.	
Contact Effective Date (option)	<i>The date the contact with the customer becomes effective e.g. 01/12/1997 (dd/mm/yyyy).</i>	
Customer Title (option)	<i>The customers title e.g. Mr., Miss, Dr., etc.</i>	
Initials (option)	<i>The customers initials.</i>	
First Name (option)	<i>The customers first name, e.g. John, Linda, etc.</i>	
Surname (option)	<i>The customers surname e.g. Jones, Smith, etc.</i>	
Communication Type	One of the following: BTG - British Telecom Gold FAX - Fax	PAG - Pager TEL - Telephone TEX - Telex Number MIN - Minicom
Number	The number associated with the Communication Type e.g. Fax or telephone number, including STD code.	
Contact Password (option)	<i>The word or series of words, or numbers, chosen by the customer as their password.</i>	
Condition Type (SEUC) (Special End User Condition)	Zero, or more, from the list on page 27.	

Section 2 (Notification of Customer with Special Needs)

This section is to be filled in by the PGT, following the receipt of Section 1 of the "Notification of Customer with Special Needs Form" (SPA-F6). Once the section is complete it should be faxed back to the Shipper.

2.) Response to Receipt of Details (PGT to Shipper)	
We acknowledge receipt of the above details. Contact Name: <input style="width: 150px;" type="text"/> Date Faxed: <input style="width: 100px;" type="text"/>	

Box Title	Description
Contact Name	Your name.
Date Faxed	The date on which the form is faxed back to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).

Transportation Charges Form (SPA-F7)

Section 1

This form is to be filled in by the confirming shipper if he wishes to request transportation charges for its existing sites or as part of an inquiry. Once completed it should be faxed to the PGT concerned. Note that the shipper can request transportation charges for a site as part of a confirmation process by filling in Section 1 of Form SPA-F2.

1.) Request for Transportation Charges (Shipper to PGT)			
Shipper Name:	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> N10 </div> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>		
Shipper Contact Name:	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>	Fax No:	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>
Date Faxed:	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>	Tel. No. (option):	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>
Request for CSEP Information:		<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>	
Request for Information on Network Transportation Charges:		<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>	
<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T30 </div> </div>			
Meter Point Ref. Number:	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> N10 </div> </div>	Full Post Code:	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T4 </div> </div>
Site Address (optional):	<div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; position: relative;"> T </div> </div>		

Box Title	Description
Shipper Name	The name of your company. The first box should contain the UK link identifier (see attached list), the second should contain the company name.
Shipper Contact Name	Your name.
Date Faxed	The date on which the form is faxed to the PGT e.g. 01/12/1997 (dd/mm/yyyy).
Fax No.	Your fax number, include STD code e.g. 0171 300 401
Tel. No. (option)	Your telephone number, include STD code e.g. 0171 300 400
Request for CSEP information	Delete as appropriate.
If "Yes" please provide...	The proposed date on which the Supply Point becomes active e.g. 01/12/1997 (dd/mm/yyyy).
Request for CSEP Information	Please tick yes if you require CSEP information for use in devising Transco's element of the charge. Otherwise tick no.
Request for information on...	Please tick yes if you request information on the charge for transportation across the CSEP. This will be provided as pence per KWh or pence per day. If you request any further information contact the PGT seperately.
Shipper Confirmation Reference (optional)	Any reference you wish to allocate. If applied this number will be used in all future transactions.
Meter Point Ref. Number	10 digit number from Transco allocated tranche, e.g. 7400000001 - see page 27
Full Post Code	Outcode and Incode in PAF format.
Site Address (optional)	Enter the plot number in the first box and the remainder of the address in the second box. e.g. house number, street number/street name, area. It would be helpful if you could include as much information (including Developer & Customer details), as possible.

Section 2 (Transportation Charges Form)

This section is to be completed by the PGT to provide the confirming shipper with site details (MPR number, post code, address). Where the confirming shipper has not filled in Section 1 of the form the PGT can put in the site details.

2.) Transportation Charges Information (PGT to Shipper)			
PGT Contact Name:			
PGT Ref. No. (optional):	N9	Tel. No. (option):	
Date Faxed:	_ . _ / _ . _ / _ . _ . _ . _	Request:	Accepted / Rejected *
If Section 1.) above was not used the Supply Point details are as follows:			
Shipper Confirmation Reference (optional):			T30
Meter Point Ref. Number:	N10	Full Post Code:	T4
Site Address (optional):	Plot No:		
Accepted Request, CSEP Information (if requested):			
End User Category:	N4	Exit Zone:	T3
T & P Conversion Factor:	N9		
Supply Point Annual Consumption:	N12	kWh/yr	
CSEP Number:	T20		
Current CSEP Annual Consumption:	N12	kWh/yr	
Number of ISEPs for CSEP:	N9		
Logical Meter Number (if available):	T10		
Comments (optional):			
Accepted Request, Network Transportation Charges Information (if requested):			
Commodity Charge:	N20	pence / kWh	
Capacity Charge:	N20	pence / day	
Estimated Total Charge:	N20	£ annual charge	
Note: All charges EXCLUDE a meter reading charge.			
Comments (optional):			
Rejected Request:			
Reasons:	T8	T8	T8
Comments (optional):			

Box Title	Description
PGT Contact Name	Your name.
<i>PGT Ref. No. (optional)</i>	<i>Any reference you wish to allocate. If applied this will be quoted in all future transactions.</i>
Date Faxed	The date on which the form is faxed back to the Shipper e.g. 01/12/1997 (dd/mm/yyyy).
<i>Tel. No. (option)</i>	The PGT's fax number, include STD code e.g. 0171 300 401
Request Accepted/Rejected	If the request is accepted please circle accepted and move to Accepted Request sections, If the request is rejected please circle rejected and move to Rejected Request section.
Accepted Request CSEP information	If the shipper requested the CSEP information please fill in this section.
Exit Zone	Please state which Transco exit zone the CSEP is on.
End User Category	Please specify the supply point's end user category.
T & P Conversion Factor	Please specify the relevant T & P factor.
Supply Point Annual Consumption	please specify the estimated annual consumption of the CSEP.
CSEP Number	The identifier allocated to the CSEP by the PGT (must be the same number used to identify CSEP to Transco for AQ updates).
Current CSEP Annual Consumption	Please enter the most recent Annual Consumption figure.
Number of ISEP's for CSEP	Indicate the number of ISEP's in the CSEP
<i>Logical meter number (if available)</i>	<i>The logical meter number of the confirming shipper.</i>
<i>Comments (optional)</i>	<i>If you wish to add any other information please do so here.</i>
Accepted Request, Network Transportation Charges Information	If the shipper has requested Network Transportation Charges information please fill in this section.
Commodity Charge	If there is a commodity charge for transportation from the CSEP to the supply point, please enter it here, in pence per KWh.
Capacity Charge	If there is a capacity charge for transportation from the CSEP to the supply point, please enter it here, pence per day.
Estimated Total Charge	Estimated annual charge for transportation from CSEP to supply point
<i>Comments (optional)</i>	<i>If you wish to add any other information please do so here.</i>
Rejected Requests	If the shipper has requested transportation charge information and the request has been rejected please complete this section.
Reasons	Please enter reasons from list of codes on pages 28-32.
<i>Comments (optional)</i>	<i>If you wish to add any other information please do so here.</i>

Standard Lists

Meter Point Reference Numbers (Transco allocated tranches)

Range	Allocated to..
74000001xx - 74150000xx	AGAS Developments Ltd.
74250001xx - 74400000xx	Gas Transportation Company
74400001xx - 74550000xx	British Gas Connections
74650001xx - 74750000xx	Scottish Power Gas
74750001xx - 74800000xx	Southern Electric Gas
74800001xx - 74820000xx	Eastern Pipelines

N.B. The last two digits are check digits derived by Mod 11, as used by Transco.

Meter Location Codes

Code	Location	Code	Location	Code	Location
00	Unknown	12	Hall Cupboard	24	Shed
01	Cellar	13	Kitchen Cupboard	25	Shop Front
02	Under Stairs	14	Kitchen Under Sink	26	Shop Window
03	Hall	15	Landing	27	Staff Room
04	Kitchen	16	Office	28	Store Room
05	Bathroom	17	Office Cupboard	29	Toilet
06	Garage	18	Outside WC	30	Under Counter
07	Canteen	19	Pantry	31	Waiting Room
08	Cloakroom	20	Porch	32	Meter Box
09	Cupboard	21	Public Bar	99	Outside
10	Domestic Science	22	Rear of Shop		
11	Front Door	23	Saloon Bar		

Special End User Condition (SEUC)

Code	Condition	Code	Condition
03	Unclassified	13	Arthritic All
04	Aged 60 +	14	Poor Walking
05	Blind	15	Wheelchair
06	Braille User	16	Bedridden
07	Poor sight	17	Mental Handicap
08	Deaf	18	Confused
09	Poor Hearing	19	Serious Illness
10	Poor Speech	20	Other
11	Poor Sense of Smell	21	Heart Condition
12	Arthritic Hands	22	Breathing Difficulty

Rejection Reasons

Code	Description
CNF00002	Confirmation already exists
CNF00014	Confirmation effective date does not give the required notice period
CNF00015	Confirmation effective date is greater than maximum notice period
MP00015	Meter Point does not reside within the Postcode provided
MP00030	All Meter Points are Supply Points in the Non-Competitive Market

If none of the above rejection reasons are appropriate, please choose one from the following list:

Rejection Reasons	
Code	Description
ADD00001	Structured Address not found
ADD00010	Mandatory Structured Address details not provided
ADD00011	No match found for Structured address provided
ADD00012	More than one match found for Structured Address provided
ASW00001	Siteworks reference not found
ASW00013	Siteworks has been cancelled
ASW00014	Siteworks reference does not cover any of the Meter Points provided
CAP00001	Capacity Appeal reference not found
CAP00003	Capacity Appeal has been cancelled
CAP00011	Capacity Appeal has expired
CAP00012	Nominated Configuration of meter Points does not match the Capacity Appeal's Meter Points
CNF00001	Confirmation reference not found
CNF00002	Confirmation already exists
CNF00010	Shipper Reference does not match that for the confirmation reference provided
CNF00011	Confirmation not owned by requesting System User
CNF00012	Confirmation effective date not provided
CNF00014	Confirmation effective date does not give the required notice period
CNF00015	Confirmation effective date is greater than maximum notice period
CNF00016	Confirmation does not contain the Meter Point reference provided
CNF00017	Confirmation would result in a non-live Meter Point
CNF00018	Confirmation is still subject to an Objection
CNF00019	Confirmation is still dependent upon another confirmation which is invalid
CNF00021	Confirmation is not subject to a Withdrawal Notice on which an Objection may be made
CNF00022	Confirmation has lapsed as it is still subject to an Objection
CNF00024	Confirmation is not Live
CNF00025	Confirmation does not have an effective Objection
CNF00027	Confirmation has previously had a voluntary withdrawal made against it
CNF00028	Confirmation has an effective Objection
CNF00030	End Consumer / Special conditions are not required for a Competitive Confirmation
CNF00031	Either Shipper Customer Name or Premise Customer name must be provided
CNF00033	Confirmation has been superseded
CTT00010	Insufficient Emergency Contacts provided
CTT00011	Emergency Contact telephone number not provided

Rejection Reasons Cont.	
CTT00012	Only Emergency Contact telephone number provided
CTT00013	Manned 24 hours indicator is not 'Y' or 'N'
CTT00014	Interruptible Contact telephone number not provided
CTT00015	Only Interruptible Contact telephone number provided
CTT00017	Insufficient Customer Contact information provided
CTT00018	System User Emergency Contacts not unique
CTT00019	System User 24hr Customer contact not provided
CTT00020	System User 24hr Interruptible contact not provided
CTT00023	Invalid Contact Type
CTT00024	Interruptible Contact not provided
CTT00025	Interruptible Contact provided but not required
CTT00026	Contact details required but not provided
CTT00027	Telephone contact required but not provided
CTT00028	Invalid communication type
CTT00029	Correct contact type not provided for request
CTT00030	Either Password or Special Needs Notes must be provided
CTT00031	Contact effective date must be greater than or equal to Today
CTT00032	Contact effective date is less than or equal to existing contact effective date
DSH00015	Requested SHQ not provided
DSH00016	SHQ not required for NDM Meter Points
DSH00017	Requested DM SHQ is more than planned maximum available SHQ
DSH00019	Requested DM SHQ is less than current DM SHQ
DSO00010	Requested DM SOQ is less than allowable minimum SOQ
DSO00011	Invalid ratio of requested DM SOQ to current DM SOQ
DSO00012	Invalid ratio of DM SOQ to DM SHQ
DSO00013	Requested DM SOQ is less than Bottom Stop SOQ
DSO00014	Requested DM SOQ is less than current DM SOQ
DSO00016	Outstanding change to DM Capacity (SOQ/SHQ) already exists
DSO00017	Advised change request for DM Capacity (SOQ/SHQ) does not exist
DSO00018	Requested SOQ not provided
DSO00019	SOQ not required for NDM Meter Points
DSO00020	DM SOQ is greater than planned maximum capacity
DSO00022	Insufficient notice given to change DM Capacity
DSO00023	Requested change not allowed on NDM Meter Point
ELA00010	Electronic address required but not provided
FIL00010	File contains no records
FIL00011	Record contains incorrectly formatted data
FIL00012	Records are not in the expected order
FIL00013	Organisation Id on the Header cannot be found
FIL00014	Organisation Id on the Header does not match the Sender's Id in the File Name
FIL00015	File Type on the Header is not the same as that in the File Name
FIL00016	Generation Number on the Header is not the same as that in File Name
FIL00017	A file with this Generation Number has already been received and successfully processed
FIL00018	A physical count of the Detail Records in the File does not match that held in the count field on the Trailer
FIL00019	Invalid Record Type found
FIL00023	Generation number in filename is not numeric

Rejection Reasons Cont.	
FIL00024	Invalid sub-record transaction type for high-level record transaction type
GNT00001	Gas Nomination Type not found
GNT00011	Gas Nomination Type not provided
GNT00012	Gas Nomination Type must be DM as Supply Point is Interruptible
GNT00013	Gas Nomination Type must be DM as the Meter Point AQ is greater than the DM Threshold
GNT00014	Gas Nomination Type cannot be DM as the Meter Point is not datalogged
ISL00001	Isolation reference not found
ISL00003	Isolation has been actioned or previously cancelled
ISL00010	Invalid Isolation type
ISL00011	Outstanding Isolation request already exists
ISL00012	Isolation request not originally raised on the Meter Point provided
ISL00013	Customer request indicator missing or invalid
ISL00014	Isolation effective date required but not provided
ISL00015	Isolation reason required but not provided
ISL00016	Isolation reference required but not provided
ISL00017	Isolation effective date before confirmation live date
ISL00018	Isolation reference not found for Confirmation reference provided
ISL00019	Subsequent Reconnection request exists
LOC00020	Logger Channel has been decommissioned
MPO00001	Meter Point reference not found
MPO00004	Duplicate Meter Point reference found
MPO00015	Meter Point does not reside within the Postcode provided
MPO00016	Meter Point is isolated
MPO00017	Meter Point is not isolated
MPO00018	Meter Point reference not provided
MPO00019	Meter Point is not part of a live Supply Point
MPO00022	Meter Point is not part of the specified Confirmation
MPO00024	Meter Point is not under the responsibility of the Confirmation reference provided
MPO00025	Meter Point is not yet the responsibility of the requesting System User
MPO00027	Meter Point is not part of the specified Nomination
MPO00028	Meter Points are not in the same Exit Zone
MPO00030	All Meter Points are form Supply Points in the Non-Competitive Market
MPO00031	Either one Meter Point with no Gas Nom Type or all Meter Points with Gas Nom Type required
MPO00033	Meter Point is not Free-standing, Primary or Secondary
MRA00001	Meter Reading Agency code not found
MRA00010	Insufficient notice given to change the Meter Reading Agency
MRA00011	Requested Meter Reading Agency not valid for Meter Points
MRA00012	Advised change request for the Meter Reading Agency does not exist
MRA00013	Meter Reading Agency code not provided
MRA00014	Meter Reading Agency not currently acceptable to Transco
MRA00015	Meter Reading Agency must be Transco as configuration contains Primary or Secondary Meters
MRA00016	Requested Meter Reading Agency is the same as the Current Agency for the Meter Point
MRA00017	Changes between the Bundled and Unbundled Meter Reading Service are not allowed through Re-Nomination
MRF00001	Meter Reading Frequency code not found
MRF00011	Meter Reading Frequency code not provided
MRF00012	Meter Reading Frequency is not acceptable for the Meter Point

MRF00013	Requested Meter Reading Frequency is below minimum acceptable for the AQ of the Supply Point
MRF00014	Insufficient notice given to change the Meter Reading Frequency
MRF00015	Advised changed request for the Meter Reading Frequency does not exist
MRF00018	Requested Meter Reading Frequency not valid for Meter Points
MRF00019	Daily Meter Reading Frequency requested but no NDM Meter Points are datalogged
MRF00020	Daily Meter Reading Frequency requested but the Supply Point is not in the Competitive Market
NEQ00010	Only one Meter Point should be provided for a Current Configuration
NEQ00013	Enquiry Type is invalid
NEQ00014	At least one Meter Point must be provided
NEQ00015	New enquiry specifies Meter Points that form a current Supply Point
NOM00001	Transco Nomination reference not found
NOM00011	Transco Nomination reference not provided
NOM00012	Nomination has previously been cancelled
NOM00014	System User's own Nomination reference is not found
NOM00015	System User's reference does not match that on the Nomination for the Transco Nomination reference provided
NOM00018	Nomination is currently under referral
NOM00019	Request for aggregation of Meter Points specifies a current configuration
NOM00020	Requested aggregation is invalid
NOM00025	No reason has been provided as an explanation for a new aggregation request
NOM00026	At least one Meter Point must be provided
NOM00031	Meter Points supplied do not constitute a current Supply Point
NOM00032	Either Transco Nomination Reference or Confirmation Reference must be provided
NOM00033	Either the current or requested Nomination Shipper Reference must be provided
NOM00034	Current Nomination Shipper Reference must be blank as no reference is held by Transco
NOM00035	Current Nomination Shipper Reference must be provided as a reference is held by Transco
NPR00010	Insufficient notice given for the request
NPR00011	Date provided is in the past
OFF00001	Offer number not found
OFF00010	Offer number not provided
OFF00011	Offer has been invalidated
OFF00012	Offer has expired
OFF00013	Offer is subject to Siteworks
OFF00014	Offer not originally produced for requesting System User
OFF00015	Latest Offer has not been confirmed
OFF00016	Offer has already been confirmed
OFF00017	The Offer for the Nomination reference provided was not confirmed by the Confirmation Reference provided
OJT00011	Objection cannot be cancelled as it has caused a requested Confirmation to lapse
OJT00013	Objection supplementary details already exist for the Withdrawal Notice
OJT00015	Cancellation of the Objection has been rejected resulting in the voluntary withdrawal also being rejected
OJT00016	Objection has been rejected resulting in no Supplementary details being recorded
POC00001	Postcode not found
POC00010	Postcode not provided
POC00011	Postcode does not contain the Meter Point reference provided

PRM00010	Premise is not in a Live Supply Point
PRM00011	Premise is in more than one Live Supply Point
RCN00001	Reconnection reference not found
RCN00003	Reconnection has been actioned or previously cancelled
RCN00011	Outstanding Reconnection request already exists
RCN00012	Reconnection request not originally raised on the Meter Point provided
RCN00013	No outstanding Reconnection request exists
RCN00014	Reconnection effective date required but not provided
RCN00015	Reconnection effective date before Confirmation live date
RCN00016	Reconnection reference required but not provided
RCN00017	Reconnection reference not found for Confirmation reference provided
RCN00018	Subsequent Isolation request exists
SHI00001	System User not found
SHI00011	System User Id not provided
SHI00012	System User prevented from requesting Confirmation
SPA00013	No Supply Point identifying details provided
APO00001	Supply Point not found
SPO00010	Supply Point is invalid
SPO00011	Supply Point contains Interruptible Meter Points
SPO00012	Supply Point has a total AQ greater than the Competitive Market Threshold
SPO00013	Supply Point has a total AQ less than the Competitive Market Threshold
SPO00014	Supply Point has a total AQ less than the Interruptible Threshold
SPO00015	Supply Point is not in the Competitive Market
SPO00016	Request denied as Supply Point ownership is subject to transfer
SPN00001	Special Condition Type not found
SPN00010	Duplicate Special Condition Type provided
SPT00001	Supply Type code not found
SPT00011	Supply Types cannot be mixed across the DM Portion of a Supply Point
SUP00001	Supplier not found

Domestic Shipper Agreed Reads Use of Proformas

Introduction

Following the report to the Domestic Competition Focus Group on an audit of completed Agreed Reads, the Ofgas Programme Team agreed to provide guidelines on the completion of SAR forms. A draft of this document was provided to the Domestic Competition Focus Group members for comments, and those received have been incorporated in this final version.

These changes are:

1. The removal of the “Other” category from the Criteria and Root Cause codes. Where suppliers find situations not covered by the reason codes they are asked to note these on the form (if appropriate, use the single SAR form and use the ‘Details of Contact’ box to describe the new criteria).
2. The introduction of Yes/No boxes for the receiving shipper to make it clear whether or not they are accepting the proposed read. The box on the multiple form has been made larger.
3. A change in the order of the columns on the Multiple SAR form which places the “Date of Transfer” next to “Postcode”. This is a more logical sequence to the information and matches the BISCUIT file format.

Multiple SAR form

Where a supplier is initiating a number of agreed reads with another supplier the multiple Shipper Agreed Read (SAR) form should be used.

Either the Confirming Shipper¹ or the Withdrawing Shipper may initiate the Multiple SAR.

The name of the initiating shipper should be entered (or pre-printed) at the top of the form, and the following information should be completed:

Meter Point Reference Number	Full 10 digit Meter Point Reference Number relating to the customers supply point.
House Number	The building number or name related to that supply point.
Postcode	The full postcode related to that supply point.
Transco Read	This is the meter reading currently on Transco’s system which is to be replaced.
Date of Transfer	Date on which the customer changed supplier (D-Day).
Actual A Estimate E	The designation of the read on Transco’s system as either an estimate or an actual reading.

Criteria Code The appropriate code letter (A-F) for the reason for raising the SAR in this case (see below). Where none of the codes describe the reason, a single SAR form should be used.

Read Agreed The proposed replacement meter reading.

Root Cause The appropriate code number (1-9) cause behind the agreed read process having to be used in this case (see below).

¹ The term 'Shipper' is used in this document to mean either shipper or supplier.

The shipper should then complete the relevant details depending on whether they are the confirming or withdrawing shipper. The name of the representative should be printed, and there should be a signature, relevant telephone number and date.

The completed form should then be faxed to the other shipper.

On receipt the other shipper will check the replacement reads, and sign the form completing the details: printed name, telephone number and date.

The receiving shipper indicates acceptance of the proposed read, they should enter "Y" in the Yes/No column.

Where the receiving shipper rejects the proposed read, they should enter "N" in the Yes/No column and initiate a single sheet SAR, with details of the reason for rejecting the read completed in the 'Details of Contact' section (see below).

The completed multiple SAR sheet, together with any disputed reading on single sheet SAR's should then be faxed back to the initiating shipper.

The Confirming shipper should fax the multiple sheet with the agreed reads to Transco.

Single SAR form

The single SAR form should be used where: a) there is only one transaction to be completed with the other shipper; b) a proposed reading on a multiple SAR form has been rejected; or c) where the circumstances are outside those defined by criteria codes and will require further explanation.

Either the Confirming Shipper or the Withdrawing Shipper may initiate the SAR.

The name of the initiating shipper should be entered (or pre-printed) at the top of the form, and the following information should be completed:

Meter Point Reference No. Full 10 digit Meter Point Reference Number relating to the customers supply point.

Meter Serial Number The Meter Serial Number should be entered if available (i.e. from information supplied by a sales person or meter reader). It should not be taken from the M Number database, as the reason for requiring.

Original Transco Meter Reading	This is the meter reading currently on Transco's system which is to be replaced.
Actual A	The designation of the read on Transco's system as either an estimate or an actual reading.
Estimate E	
Transfer Date	Date on which the customer changed supplier (D-Day).
Customer Details (Name and Full Address)	The customers name, full address and postcode. A potential reason for the SAR being initiated could be a mis-match in customer details leading to the wrong meter read history being used to validate a reading.
Previous supplier's Customer Ref. No.	Required in case the Withdrawing Shipper has been using the wrong meter read history to validate a reading.
Reason for Initiating Agreed Read	The appropriate code letter (A-F) for the reason for raising the SAR in this case (see below). An explanation should be given if code G "Other Reason" is used.
Details of Contact	Free text area, used to record iterations of the SAR and reasons for rejecting a proposed read. Reasons for the latter should be clearly stated. The date box should always be completed.
Read Agreed	The proposed replacement meter reading. The receiving shipper indicates acceptance of the proposed read by entering "Y" in the Yes/No box. Where the receiving shipper rejects the proposed read, they should enter "N" in the Yes/No column and provide details of the reason for rejecting the read in the 'Details of Contact' section.
Root Cause	The appropriate code number (1-9) cause behind the agreed read process having to be used in this case (see below). An explanation should be given if there is any other reason.

The shipper should then complete the relevant details depending on whether they are the confirming or withdrawing shipper. The name of the representative should be printed, and there should be a signature, relevant telephone number and date.

The completed form should then be faxed to the other shipper.

When the read has been agreed, the Confirming shipper should fax the SAR to Transco.

Explanation of Criteria Codes

A Final bill would be unacceptable high	The initiating shipper considers that to bill the customer using the existing read would result in an unacceptable high bill due to the existing reads inaccuracy.
B Closing read is lower than last actual read	The existing opening meter read is lower than the last cyclic actual read.
C Customer complaint about closing bill	The customer has contacted the shipper and asked for the existing opening meter read to be changed.

D	Missing Read	No opening meter read has been received from Transco.
E	Actual read obtained, but not submitted on time	The Confirming Shipper has an actual read but did not submit it to Transco by D+7 and wishes to replace the estimate.
F	Pre-payment read not submitted in time	As above, but in this case the opening meter read has come via CQO following the customer charging their new Quantum card for the first time.

Explanation of Root Cause Codes

1	Actual read obtained, but not submitted on time	The Confirming Shipper has an actual read but did not submit it to Transco by D+7 and wishes to replace the estimate.
2	Pre-payment read not submitted in time	As above, but in this case the opening meter read has come via CQO following the customer charging their new Quantum card for the first time.
3	Valid actual read submitted but rejected by Transco	The Confirming Shipper secured an actual read and submitted to Transco, but Transco rejected it e.g. due to deficiencies in Transco's meter reading history.
4	Original actual was incorrect	The Confirming Shipper submitted an actual read but it was subsequently discovered to be incorrect e.g. the customer incorrectly recorded the reading.
5	Inaccuracy in previous billing history	The estimate provided by Transco was found not to be acceptable.
6	Minor discrepancy, but customer demands use of a specific read for final bill	Despite a very small material difference between the proposed read and the current read, the customer requires the read to be changed.
7	Meter exchange not recorded	It is discovered (i.e. through comparison on the meter serial numbers) that the meter reading was rejected due to a meter exchange having taken place that was not recorded on the Withdrawing Shippers system.
8	Wrong meter was read	e.g. the customer read the electricity meter.
9	Error in sending read to Transco	The Confirming Shipper had an actual read and submitted it to Transco within the prescribed time limits, but the information did not load onto Transco's system either because of problems with the Shipper or with Transco.

SHIPPER AGREED METER READING AMENDMENT

Meter Point Reference No.			
Meter Serial Number:			
Original Transco Meter Reading:		Actual A Estimate E	
Transfer Date:			
Customer Details (Name and Full Address)	Post Code:		
Previous supplier's Customer Ref. No.			

Reason for Initiating Agreed Read	
Criteria Codes: (A) Final bill would be unacceptably high (B) Closing read is lower than last actual read (C) Customer complaint about closing bill (D) Missing Read (E) Actual read obtained, but not submitted on time (F) Pre-payment read not submitted in time	

Confirming Shipper: (Name)		
NAME OF REPRESENTATIVE: (Print) _____		
SIGNATURE: _____	TELEPHONE NUMBER: _____	DATE: _____

Date	Details of Contact

Read Agreed		Y-Yes	
		N-No	

Root Cause Behind Agreed Read	
Root Cause Codes: (1) Actual read obtained, but not submitted on time (2) Pre-payment read not submitted in time (3) Valid actual read submitted but rejected by Transco (4) Original actual was incorrect (5) Inaccuracy in previous billing history (6) Minor discrepancy, but customer demands use of a specific read for final bill (7) Meter exchange not recorded (8) Wrong meter was read (9) Error in sending read to Transco	

Withdrawing Shipper: (Name)		
NAME OF REPRESENTATIVE: (Print) _____		
SIGNATURE: _____	TELEPHONE NUMBER: _____	DATE: _____

Page 33

[illegible]

All other cases should be raised using the single case form.

Root Cause Codes: (1) Actual read obtained, but not submitted on time
(2) Pre-payment read not submitted in time (3) Valid actual read submitted but rejected by Transco (4) Original actual was incorrect (5) Inaccuracy in previous billing history (6) Minor discrepancy, but customer demands use of a specific read for final bill (7) Meter exchange not recorded (8) Wrong meter was read (9) Error in sending read to Transco

SIGNATURE: _____ TELEPHONE NUMBER: _____ DATE: _____

SIGNATURE: _____ TELEPHONE NUMBER: _____ DATE: _____