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|   |  **BROKER - Business Move Notification Form** |   |
|   | * All items marked with **\*** are mandatory fields and without this information we are unable to process your Business Move
* Please ensure all meters for the site are included. Any additional meters identified will result in the form being returned.
* Customer confirmation will be required to proceed with the Business Move. We will accept: Supporting email from the customer, DocuSign or customer signature.

If the account has any of the following activity, we will request POT documents and contact the customer to seek clarification if required:* Isolation in last 12 months OR Objection in last 3 months
* If a business move has already been processed and amendment requested for a second time
* If a customer has agreed a new contract in the last 3 months with a duration more than 2 years
* If there is a suspicion of fraudulent activity OR significant aged debt (3 months or more)
* All data provided must be those of the customer. We will not accept 3rd party contact details
* All POT documents must be provided within 10 days, if not received the COT will be rejected and closed
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|   |   |   |   |
|  | Change of Tenancy Reason\*(Please confirm if you are moving IN or OUT, Change of Entity, Change of Partnership etc) |  |  |
|   | Account Number  |   |   |
|   | MPAN/MPRN \* |

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|   | Change of Tenancy Date\*(Date incoming customer is legally responsible for the site) |  |   |
|  | Meter Readings\*(Confirm all register ID’s if more than one) |  |   |
|   | **Complete all outgoing details (if unknown please provide Landlord/Owner details)** |   |   |
|   | Outgoing Business Name \* |   |   |
|   | Outgoing Customer Name \* |  |   |
|   | Outgoing Customer Contact Number \* |  |   |
|   | Outgoing Customer Email Address |   |   |
|   | Outgoing Customer Forwarding Address \* |    |   |
|   | **Complete all Incoming details (if unknown please provide Landlord/Owner details)** |   |   |
|   | Incoming Business Name \* |   |   |
| Incoming Customer Name \* |  |
|  | Incoming Customer Contact Number \* |  |  |
|   | Incoming Customer Email Address\* |   |   |
| Names of both partners if partnership\* |  |
|   | Ltd companies confirm Reg No.\*Charities confirm Charity No.\* |  |   |
|   | Trading Type\* |  |   |
|   | Incoming Customer Billing Address\* |   |  |
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| Signature:Print name:Job title: Date:  |  |
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