**Application to be an Additional Party to**

**the Supply Meter Point Agreement for**

**The Greater Belfast Licensed Area and**

**the Ten Towns Licensed Area AND THE WEST LICENSED AREA**

|  |
| --- |
| To be completed by any Supplier who wishes to become an additional party to the  Supply Meter Point Agreement for The Greater Belfast Licensed Area  and The Ten Towns Licensed Area and The West Licensed Area **(The SMP Agreement)** |
| Supplier Name: ………………………………………………………………………………………..  Address: …………………………………………………………………………………………...……  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….……………….. |
| Telephone Number: ……………………………………………………………………………………  Fax Number: …………………………………………………………………...........…………………  Registered Number: ……………………………………………………………………………………  Registered or Principal Office: ……………………………………………………………………..…  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….………………..  Date Gas Supply Licence Granted: …………………………………………………………..………  Name of Intended Party Change Administrator (pursuant to Clause 6.2 of Agreement): ….....…  ………………………………………………………………………………………….………………..  Contact Details for Party Change Administrator (include email / telephone / address): …....…...  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….………………..  Name of Intended Senior Manager (pursuant to Clause 12.1 of Agreement): ………....…......…  ………………………………………………………………………………………….………………..  Contact Details for Intended Senior Manager (include email / telephone / address): ….......…...  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….………………..  Signature (Senior Manager/Authorised person): ……………………………………………………  Name (please print): ……………………………………………………………………………………  Date of application: …………………………………………………………………………………….. |
|  |
| Please return this application form to the Utility Regulator:  By email: [Karen.Wilson@uregni.gov.uk](mailto:Karen.Wilson@uregni.gov.uk),  Or by post to: Karen Wilson, Utility Regulator, Queens House, 14 Queen Street, Belfast, BT1 6ED |
| Additional Documents required to be submitted:   * Completed Certificate of Compliant systems |

**Certificate of Compliant Systems**

This form certifies that [ ] has systems designed such that on becoming a Party to the Agreement it will be able to fully comply with the provisions of the said Agreement including the Schedules thereof.

**Application for Derogation Form**

|  |
| --- |
| SUPPLY POINT ADMINISTRATION AGREEMENT  APPLICATION FOR DEROGATION |
| Company Applying for Derogation:  Company Name: ………………………………………………………………………………………..  Company  Address: …………………………………………………………………………………………...……  ………………………………………………………………………………………….………………..  ………………………………………………………………………………………….……………….. |
| Signature (Senior Manager or other Authorised person):  ………………………………………………………………………………………….………………..  Name (please print): …………………………………………………………………………………….  Contact Details: Tel: ……………………………. …….Fax: ………………………………………….  E-mail: …………………………………………………………………………………………………..  Date of application: …………………………………………………………………………………….. |
| Applicant’s Reference: …………………………………………………………………………………. |
| DEROGATION DETAILS |
| 1. Details of Obligation – details of the specific obligation(s) to which you are seeking a derogation, quoting relevant SMP clause(s): |
| 1. Reason for Application – details of the justification for seeking this derogation: |
| 1. 3. Conditions – description of the conditions of this derogation (ie the extent to which relief is requested and whether a less onerous obligation will be met for the period of the derogation): |
| 1. Timescale – period of time for which the derogation is sought:   N.B. Retrospective derogations can be sought but the granting of such derogations, as for any other derogation, will be at the discretion of NIAUR. |
| 1. Associated Derogations – details of any previous or current derogations which are related to this one: |
| 1. Corrective Action – details of the action you will take to become compliant with the obligation to which you are seeking a derogation including dates of any key milestones associated with these actions: |
| 1. Effect on other Parties – details of the requested derogation’s anticipated impact on the costs and operations of other parties: |
| 1. Supporting documentation – description of any attached supporting documents: |
| FOR CHANGE CONTROL MANAGER USE ONLY:  Reference Number: ……………………………………………………………………...  Date Received: ………………………………………………………………………………….  Date/Reference of: ……………………………………………………………………………...  Outcome: |
| Actions/Timing: |