

Form G/01:

Trade effluent enquiries

Change History

<u>Version Number</u>	<u>Date of Issue</u>	<u>Reason for Change</u>	<u>Change Control Reference</u>	<u>Sections Affected</u>
<u>V2.0</u>	<u>30th March 2018</u>	<u>GDPR and Data Protection Provisions Update</u>	<u>CPW029</u>	<u>Introduction</u>

Form G/01: Trade effluent enquiries

For use by Retailers

To Wholesaler

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This form should be used when the Retailer receives a Trade Effluent Enquiry under Process G1 of the Operational Terms.

The form is divided into sections as follows

Number	Section
1.	Retailer details
2.	Eligible premises details
3.	Details of enquiry
4.	Additional information
5.	Consent to contact the Non-Household Customer
6.	Your details

Section 4 is optional, all other sections are mandatory.

Mandatory means that the Retailer must provide the requested information wherever it applies to the particular request. If a piece of information does not exist or is not applicable in the circumstances, the Retailer must note this and, where relevant, provide a reason why it is not applicable.

Please note that all sections of this form may contain or lead to the identification of personal data.

1. Retailer details

Retailer name

Retailer ID

Retailer's own reference

Contact name

Contact number

Contact e-mail

2. Eligible premises details

SPID

DPID

VOA BA Ref, (if not available please provide a reason)
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UPRN, (if not available please provide a reason)
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Secondary Addressable Object

Primary Addressable Object

Address line 1

Address line 2

Address line 3

Address line 4

Address line 5

PAF Address Key (if available)

Postcode

3. Details of enquiry

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4. Additional information

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5. Consent to contact Non-Household Customer

There may be a need to contact the Non-Household Customer to arrange a visit to the premises. In such circumstances the Wholesaler will inform the Retailer of the arrangements prior to any visit. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises.

- Yes Please provide contact details below
- No

Customer contact details

Contact name at premises

Contact number

Please indicate if you want to be notified of the date of the visit

- Yes
- No

6. Your details

Signature

Date (dd/mm/yyyy)

Full name (in capitals)

Role in the company or job title