

Form I/05:

**Disconnection performed by the
Wholesaler in relation to non-
payment in cases of a Self-Supply
Retailer**

Change History

Version Number	Date of Issue	Reason for Change	Change Control Reference	Sections Affected
V1.0	3 rd July 2017	Self Supply Enhancements	CPW005	All

Form I/05: Disconnection performed by the Wholesaler in relation to non-payment in cases of a Self-Supply Retailer

To Self-Supply Retailer

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This form should be used where a Wholesaler wishes to arrange for some or all of the Water Services of a Self-Supply Retailer and/or Associated Persons to be Disconnected as a result of that Self-Supply Retailer's failure to pay an invoice properly due.

Notice of planned Disconnection

The form is divided into sections as follows

Number	Section
1.	Wholesaler details
2.	Self-Supply Retailer details
3.	Supply Point address details of Self-Supply Retailer
4.	Details of Associated Persons of Self-Supply Retailer
5.	Supply Point address details of Associated Persons (if known)
6.	Disconnection details
7.	Declaration

All sections are Mandatory.

Mandatory means that the Wholesaler 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 Wholesaler must note this and, where relevant, provide a reason why it is not applicable.

In the event that Disconnections are necessary at multiple addresses, the Wholesaler should use sections 3, 4 and 5 equal to the amount of Disconnections required.

1. Wholesaler details

Wholesaler name

Wholesaler ID

Wholesaler's own reference

Contact name

Contact number

Contact e-mail

2. Self-Supply Retailer details

Self-Supply Retailer name

Self-Supply Retailer ID

Self-Supply Retailer's own reference

Contact name

Contact number

Contact e-mail

3. Supply Point address details of Self-Supply Retailer

SPID

VOA BA Ref, (if not available please provide a reason)

UPRN, (if not available please provide a reason)

Premises address

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

Customer Name

Customer Banner Name

4. Details of Associated Persons of Self-Supply Retailer

Associated Persons name

Contact name

Contact number

Contact e-mail

Supply Point address details of Associated Persons (if known)

SPID

VOA BA Ref, (if not available please provide a reason)

UPRN, (if not available please provide a reason)

Premises address

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

Customer Name

Customer Banner Name

6. Disconnection details

Disconnection date

Type of disconnection

Temporary disconnection of water supply

Temporary disconnection of sewerage supply

Reason for disconnection

Non-payment

7. Declaration

I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission.

Signature

Date (dd/mm/yyyy)

Full name (in capitals)

Role in the company or job title