**Please complete the form on company headed paper which includes the full registered company name, company address, registered company number and the country that the business is registered. The form must be authorised by a manager known to your National Grid account manager. Please return the form to** [**settlement.queries@nationalgrid.com**](mailto:settlement.queries@nationalgrid.com) **at least 5 working days prior to the invoice issue date.**

|  |  |  |
| --- | --- | --- |
| **Self Billing Invoice & Primary Contact Details** | |  |
| Please provide details to appear on your self billing invoice: | |  |
| **Effective Date:** |  |  |
| **Company Name:** |  |  |
| **Company Code (XXXX):** |  |  |
| **Contact Name:** |  |  |
| **Address:** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Post Code:** |  |  |
| **Telephone Number 1:** |  |  |
| **Telephone Number 2:** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipients of Electronic Data** | | | |
| Please provide contact email addresses and indicate if the address is to **Add** or **Remove** from the current Email Distribution List | | | |
| **Contact Name:** | | **Email:** | **ADD or REMOVE** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |
| --- | --- |
| **Authorisation** | |
| **Print Name** |  |
| **Signed** |  |
| **Position** |  |
| **Date** |  |