**Ancillary Services**

**NEW Service Provider Notification of Bank Account and VAT Number**

**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** **at least 5 working days prior to the invoice issue date.**

*All* ***New Service Providers****, please contact the Ancillary Services team for your Company Code;* **settlement.queries@nationalgrid.com**

All fields are **Mandatory** with the exception of Company Code

|  |  |
| --- | --- |
| **1. Company Name:** |   |
| **2. Company Code(s)**  **Format XXXX:** |   |
| **3. Effective from date:** |   |
| **4. Bank Name:** |   |
| **5. Sort Code:** |   |
| **6. Account Number:** |   |
| **7. IBAN (if applicable):** |   |
| **8. Beneficiary Name:** |   |
| **9. VAT Number:** |   |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Print Name:** |   |  |
| **Signed:** |   |  |
| **Position:** |   |  |
| **Date:**Please e-mail a PDF copy on Company headed paper to: settlement.queries@nationalgrid.com *Note: If you are a new provider please contact the Settlements team for your assigned company code (s).* |   |  |

**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** **at least 5 working days prior to the invoice issue date.**

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

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| **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** |   |   |   |

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