

Change of Ownership Notification



We remind you that the liability for the gas supply will only pass to the new occupier if you complete the form in full

New Occupier Details/ (Landlord's Details if applicable)

Company / Customer name	<input type="text"/>		
Contact name	<input type="text"/>		
Billing address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>	Mobile	<input type="text"/>

Previous Occupier Details

Account Code	<input type="text"/>		
Company / Customer name	<input type="text"/>		
Contact name	<input type="text"/>		
Forwarding address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>	Mobile	<input type="text"/>

Transfer Details

MPRN(s) (Meter Point Reference Number)	<input type="text"/>		
Change over date	<input type="text"/>		
Transfer reading(s)	<input type="text"/>	<input type="text"/>	
Additional information (Please provide Meter Serial Number &/or Site address if MPRN unknown)	<input type="text"/>		

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IMPORTANT: Please attach a copy of an agreement of sale/ lease/ license for these premises showing the effective data of the change of ownership.

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To be completed if the new owner is a limited company:-

Company Registration No

To be completed if the new owner is a non-limited company:-

Full Name of Owner of Company

Date of Birth of Owner

Home Address of Owner [including postcode]

Home Telephone

Home Fax

Email address

Mobile

Completed by:-

Signed

Full Name

On behalf of

(Organisation
you represent)

Position

Date

Your Contact number

(If different from above)

Are/Is the site(s) currently consuming gas? **Yes /No**

(Delete as appropriate)

Please attach a relevant Letter of Authority if acting on behalf of any of the parties involved.

Once completed please fax back this form to: **0870 242 9661**