

# Change of Ownership Notification



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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

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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

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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

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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	<input type="text"/>		

**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:-

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Company Registration No

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

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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:-

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**Signed**

**Full Name**

**Date**

**Position**

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