**FORM B**

**STABILITY COMPENSATION SERVICE FAX FORM FOR**

**REDECLARATION OF SCL CAPABILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility:** |  |  | **Tel:** |  |
| **Contract Number:** |  |  | **Standby Tel:** |  |
| **Company Name:** |  |  | **Fax:** |  |
| **Company Address:** |  |  | **Standby Fax:** |  |

**We hereby notify you that the Contracted SCL Capability of the above Facility will be reduced to a level of [ ][[1]](#footnote-2) as follows:**

**Period commencing:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unavailability Period** | | **Estimated Restoration of Contracted**  **SCL Capability** | |
| **Date** | **Time** | **Date** | **Time** |
|  |  |  |  |

|  |
| --- |
| **Reasons for the Contracted SCL Capability being reduced and the steps being taken to restore Contracted SCL Capability:** |
|  |
|  |
|  |
|  |
|  |

**Fax Sent By (Print name): ........................................ Date: ....................Time: .................**

**Signature: .........................................**

**Acknowledged by National Grid Electricity System Operator Limited**

**(Print name):** …………………………………………

**Signature: .................................................................... Date: ..................... Time: ..................**

**National Grid Electricity System Operator Control**

**Fax number: [ ] Standby Fax: [ ]**

**Telephone: [ ] Standby Phone: [ ]**

**Email: [ ]**

1. If SCL Capability is unavailable, insert 0 [↑](#footnote-ref-2)