**Please complete the form, print on company headed paper, sign and email a scanned PDF copy to your account manager and** [**settlement.queries@nationalgrideso.com**](mailto:settlement.queries@nationalgrideso.com)

**The signatory should be a manager known to your account manager.**

|  |  |  |
| --- | --- | --- |
| **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** |  |