**Ancillary Services – Change of Contact Form**

**Please complete the form, print on company headed paper, sign and email a scanned PDF copy to your account manager and** **settlement.queries@nationalenergyso.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** |  |