

Modification Proposal	MP No: 113 <i>(mandatory by BSCCo)</i>
Title of Modification Proposal <i>(mandatory by proposer):</i> E-mail communications under the Code.	
Submission Date <i>(mandatory by proposer):</i> 27 November 2002	
Description of Proposed Modification <i>(mandatory by proposer):</i> To confirm that where a communication is to be given, by the Panel, ELEXON, a Panel Committee or a Modification Group, to all Parties (or a class of Parties), the communication may be given by e-mail.	
Description of Issue or Defect that Modification Proposal Seeks to Address <i>(mandatory by proposer):</i> The provisions of the Code relating to the giving of communications require clarification in this area.	
Impact on Code <i>(optional by proposer):</i> Amendment of Sections A and H.	
Impact on Core Industry Documents <i>(optional by proposer):</i> None	
Impact on BSC Systems and Other Relevant Systems and Processes Used by Parties <i>(optional by proposer):</i> [None]	
Impact on other Configurable Items <i>(optional by proposer):</i>	
Justification for Proposed Modification with Reference to Applicable BSC Objectives <i>(mandatory by proposer):</i> Sending the communications identified above by e-mail (as is currently ELEXON's practice) is more efficient than using other forms of communication. This Modification Proposal, by confirming that e-mail communication is effective, better facilitates the objective set out in Condition C3(3)(d) of the Transmission Licence, namely to promote efficiency in the implementation and administration of the balancing and settlement arrangements.	
Details of Proposer: <p style="margin-left: 40px;">Name:</p> <p style="margin-left: 40px;">Organisation: BSC Panel</p> <p>Telephone Number:</p> <p style="margin-left: 40px;">Email Address:</p>	

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Details of Proposer's Representative:

Name: Modification Secretary

Organisation: ELEXON

Telephone Number: 020 73804337

Email Address: chris.rowell@ELEXON.co.uk

Details of Representative's Alternate:

Name:

Organisation:

Telephone Number:

Email Address:

Attachments: NO

If Yes, Title and No. of Pages of Each Attachment: