

BSCP15/4.11 Change of BM Unit Ownership (CoBO) for CVA BM Unit(s)

PAGE 2 OF 2

PART B (TO BE COMPLETED BY THE PARTY DE-REGISTERING THE BM UNIT(S))

To: BSCCo	Date Sent: _____
From: Participant Details	
Party ID: _____	Name of Sender: _____
Contact email address: _____	
Our Ref: _____	Contact Tel. No. _____
Contact Fax. No. _____	
Name of Authorised Signatory: _____	
Authorised Signature: _____	Password: _____

Please take this as notification that the following:

Current BM Unit Id:	Associated MSIDs (please enter all MSIDs associated with BM Unit)	Associated approved Metering Dispensations (If applicable, please note MSID and Metering Dispensation Reference Number)

Current Trading Unit Name (if applicable):

Will be transferred from Party Id: _____ To Party Id: _____

With an Effective From Date of: _____