Transmission Company Manifest Error Claim Form

For completion by the Transmission Company

To: Disputes Administrator

Fax: _____ Email: _____

Cc: Company Name of BSC (Lead) Party _____

Location _____

Fax: _____ Email: _____

From: NGC National Grid Control Centre

Fax: _____ Email: _____

Date of Claim: _____

Time of Claim: _____

Claim Details: * *Delete as appropriate*

Affected BM Unit	
BSC (Lead) Party of BMU	
Affected Settlement Day	
Affected Settlement Period(s)	
Affected Bid-Offer Pair Number(s)	
Affected Bid/Offer* Price(s)	
Relevant Bid-Offer Acceptance Time	
Relevant Bid-Offer Acceptance Number	

Bid-Offer Acceptance Volume Pairs:
(complete if BOA number unavailable)

From MW	From Time	To MW	To Time

Additional Relevant Information: _____

_____

_____

Manifest Error Claim Made by *(name)*: _____Signature: _____

For completion by the Receiving (Lead) Party
(To be returned to Transmission Company, Cc: DA, within 15 minutes of receipt.)

Received By *(signature)*: _____

Date and Time of Receipt: _____

For completion by the DA

DA Log Number: _____

Date/Time Claim initially received at DA: _____ Valid: Y/N

Notification of Receipt of Manifest Error Claim Form by the DA

For completion by the DA

To: 1) *(name)* _____

NGC

Fax: _____ Email: _____

2) *(name)* _____

Lead Party Company Name _____

Fax: _____ Email: _____

From: Disputes Administrator

Date: _____

Claim Details: * *Delete as appropriate*

Affected BM Unit	
BSC (Lead) Party of BMU	
Affected Settlement Day	
Affected Settlement Period(s)	
Affected Bid-Offer Pair Number(s)	
Affected Bid/Offer* Price(s)	
Relevant Bid-Offer Acceptance Time	
Relevant Bid-Offer Acceptance Number	

Bid-Offer Acceptance Volume Pairs:
(complete only if BOA No. unavailable)

From MW	From Time	To MW	To Time

The claim raised by *(company)* _____ on *(date)* _____ at *(time)* _____ has/has not* been raised within 4 hours of the Bid-Offer Acceptance Time and has therefore been determined to be Valid/Invalid* by the Disputes Administrator for raising a claim under the Balancing and Settlement Code (BSC). * *DA to delete as appropriate*

Your Manifest Error Log number is: _____
(To be quoted in all subsequent correspondence)

For valid claims the following information is now requested:

1. Supporting information from the Raising Party in accordance with section 3.3.2 of this procedure
2. Information from the Transmission Company in accordance with section 3.3.2 of this procedure

Deadline Date for reply: _____

If you require any further information on this Manifest Error claim please contact: _____

Telephone: _____ Fax: _____ Email: _____

DA Log Number: _____

Date Initial Settlement Run due to be completed: _____