

**Redlined Extract of BSCP71 v9.0 showing changes proposed by CP1223**

**3.10 CVNA or MVRNA Authorisation Key Change Request**

REF.	WHEN	ACTION	FROM	TO	INFORMATION REQUIRED	METHOD
3.10.1	As required	Complete form BSCP71/ <u>09</u> and send to ECVAA	ECVNA or MVRNA	ECVAA	ECVNA or MVRNA Authorisation Key change request (Form BSCP71/ <u>09</u> ).  OR Authorisation Key Change Request using ECVAA-I002 ECVNNA Data or ECVAA-I003 MVRNAA Data	Email, Fax, Post  Electronic
3.10.2	Within 1WD of receipt	Check form and validate details	ECVAA			Internal Process
3.10.3	Within 1WD of receipt	Query any details on form with the appropriate Party Agent	ECVAA	ECVNA or MVRNA		Email, Fax, Phone
3.10.4	Within 1WD of receipt	If the request is invalid notify Party Agent of rejection including reasons for rejection	ECVAA	ECVNA or MVRNA	ECVNAA or MVRNAA Feedback (ECVAA-I007 or ECVAA-I008) including reasons for rejection.	Email, Fax
3.10.5	Within 1WD of receipt	Create new and unique Authorisation Key and update internal records	ECVAA			Internal Process
3.10.6	Within 1WD of receipt	Issue new Authorisation Key and notify the Party Agent of the date and time that the new Authorisation Key becomes effective	ECVAA	ECVNA or MVRNA	ECVNAA or MVRNAA Feedback (ECVAA-I007 or ECVAA-I008) including Authorisation Key and Effective From Date	Electronic

**3.11 'No Changes'**

**3.12 'No Changes'**

**3.13 'No Changes'**

**3.14 'No Changes'**

**3.15 'No Changes'**

**4        ‘No Changes’**

**4.1     ‘No Changes’**

**4.2     ‘No Changes’**

**4.3     ‘No Changes’**

**4.4     ‘No Changes’**

**4.5     ‘No Changes’**

**4.6     ‘No Changes’**

**4.7     ‘No Changes’**

**4.8     ‘No Changes’**

**4.9     ‘No Changes’**

**4.10    ‘No Changes’**

#### 4.11 SCP71/09 ECVNA / MVRNA Authorisation Key Change Request Form

### ECVNA / MVRNA Authorisation Key Change Request

<b>To:</b> <del>ECVNA</del> CRA		<b>Date Sent:</b> _____
<b>From: Participant Details</b>		
Party Agent ID: _____	Name of Sender: _____	
Contact email address: _____		
Our Ref: _____	Contact Tel. No. _____	
<b>Name of Authorised Signatory:</b> _____		
Authorised Signature: _____		Password: _____

If you are a Party Agent representing a Party in Dual Notification, please state which Party you are notifying on behalf of, by ticking the appropriate box:

Party 1	<input type="checkbox"/>
---------	--------------------------

Party 2	<input type="checkbox"/>
---------	--------------------------

Authorisation Key Change required for  
ECVNA Authorisation ID(s), MVRNA Authorisation ID(s)\*

.....

\* Delete as Appropriate

#### Implementation Details:

Effective From Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective to Date (Optional) : \_\_\_\_/\_\_\_\_/\_\_\_\_