

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

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PART A (TO BE COMPLETED BY THE PARTY 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:	New BM Unit Id: Please complete if the BM Unit Id(s) will be changed. If there will be no change to the BM Unit Id please leave blank)	Associated MSIDs (please enter all MSIDs associated with BM Unit)	Associated approved Metering Dispensations (If applicable, please note relevant MSID and Metering Dispensation Reference Number)

Current Trading Unit Name: (if applicable)	New Trading Unit Name: Please complete if the BM Unit Id(s) will be changed. If there will be no change to the BM Unit Id please leave blank)

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

With an Effective From Date of: _____