

***New Customer Enquiry Form   
 for a Shipper/Trader User***

***June 2018***

**Please return completed form to:**

**Xoserve Limited**

**Customer Onboarding Life Cycle Team**

**Lansdowne Gate, 65 New Road,**

**Solihull, West Midlands,**

**B91 3DL**

**Or email to:** [**customerlifecycle.spa@xoserve.com**](mailto:customerlifecycle.spa@xoserve.com)

**Section 1: Your Organisation Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registered Company Name:** |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Trading Name (if applicable):** |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Registered Address:** |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Operational Address:** |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Invoicing Address:** |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Company Registration No:** |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **UK VAT Registered:** | **Yes** |  | **No** |  | **VAT Registration No:** | | |  | | | |
|  |  | | | | | | | | | | |
| **Country of Registration:** |  | | | | **Exempt from UK VAT:** | | **Yes** | |  | **No** |  |
|  |  | | | | | | | | | | |
| **Main Telephone No:** |  | | | | **Main Facsimile No:** |  | | | | | |

|  |  |
| --- | --- |
| **Company Web Address:** |  |

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| **Xoserve assign a three letter short code to your organisation. The short code is used to identify your organisation on data flows used by the industry. Please state below if you would like any specific short codes and the team will confirm availability.** |
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**Section 2: Company Background and Market Intentions for the next 12 months**

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**Section 3: Licence Information**

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| --- | --- | --- | --- | --- | --- | --- |
| **Have you obtained your Gas Shipper licence from OFGEM?** | **Yes** |  | **No** |  | **In Progress** |  |
|  | | | | | | |
| **Do you hold a Gas Supplier Licence?** | **Yes** |  | **No** |  | **In Progress** |  |

**Section 4: Contact Details  
  
Upon receipt of the completed form, a member of the team will be in contact to understand your requirements in further detail and to discuss next steps to become a Gas Shipper or Trader.**

**Can you please provide contact details for the individual who will be responsible for managing the application within or on behalf of your organisation?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact Details** | | | |
|  | | |  |
| **Contact Name & Title:** |  | **Telephone No:** |  |
|  | | | |
| **Email Address:** |  | **Mobile No:** |  |