

This form is to be completed when vacating/moving into a property supplied by Brook Green Supply. Brook Green Supply may conduct checks and request additional information to check the authenticity of this application.

Customer Details								
Details for the:	Incoming:	or Vacating:	Customer	Date	of change:			
Company Name:				Com	pany Reg per: —			
Contact Name:								
Contact Number:				Contact Email Address:				
Billing Address:								
Site Details								
Site Address:								
MPAN/MPRN:	Meter Reading Date:							
Meter Serial No.			Meter Readings:	1)	2)	3)	
If submitting a CoT for multiple properties, please list details of supply addresses, numbers and meter readings on a seperate page and attach to this document. Managing Agent Details (Provide Landlord if no agent details)								
Managing Agent:					Contact Name:			
Contact Number:	Contact Email:							
Address:								
I confirm that I am responsible for the supply to address indicated above. I understand that from the change of responsibility date I will be place on deemed rates with Brook Green Supply Ltd until a contract has been agreed. If you are filling out this form on behalf of the company named above, you are confirming you hold a valid and up to date letter of authority allowing you to do so.								
Name:		Po:	sition: 			Date:		
Signature:								
Please complete a Email: support@bro		rm by either email or p com	post.					



Registered Number