



CHANGE OF TENANCY (CoT) - NEW TENANT/OWNER FORM

This form is to be completed by new occupant of the premises. Please note that we may not be able to process the form if it is not duly completed. Brook Green Supply may conduct checks and request additional information to check the authenticity of this application. Please complete in CAPITAL letters using either a blue or black ball point pen.

New occupant details:

Company Name:	
Company Registration No.:	
Director's Name:	
Name of Contact:	
Contact Number:	
Site address:	
Email address:	
Mailing address if different from site:	
Date of change of responsibility:	

In the event that the property is leased, please provide the landlord's/managing agent's details.

Landlord's name:		Landlord's address:	
Lease end date:			
Contact number:			

GAS		ELECTRICITY				
MPRN:		MPAN:				
Serial no.:		Serial no.:				
Meter reading:		Meter reading (s):				
		Register 1	Register 2	Register 3	Register 4	Register 5
DATE OF READING:						

I confirm that I am the new owner/tenant of the named property above and that I am responsible to source energy supply for the site 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.

PRINT NAME: _____

POSTION IN COMPANY: _____

SIGNED: _____ DATE: ____/____/____



CHANGE OF TENANCY (CoT) - DEPARTING TENANT/OWNER FORM

This form is to be completed when you wish to notify us that you are no longer responsible for this site. As per you T&Cs, you should provide us with no less than 28 days' notice. Failure to do so may lead to additional fees. If you are a new occupant, you should complete the "Change of responsibility - **new tenant/owner form.**" Please complete in CAPITAL letters using either a blue or black ball point pen.

New occupant details:

Company Name:	
Company Registration No.:	
Director's Name:	
Name of Contact:	
Contact Number:	
Site address:	
Email address:	
Date of change of responsibility	

In the event that the property is leased, please provide the landlord's / managing agent's details.

Supporting evidence is required to confirm change of tenancy. Please provide one of the following. <ul style="list-style-type: none"> • Completion statement • Letter of comfort from your Conveyancing Solicitor • Letter of comfort from your bank manager 	FINAL invoice address:	
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GAS	ELECTRICITY				
MPRN:	MPAN:				
Serial no.:	Serial no.:				
Meter reading:	Meter reading (s):				
	Register 1	Register 2	Register 3	Register 4	Register 5
DATE OF READING:					

PRINT NAME: _____

POSTION IN COMPANY: _____

SIGNED: _____ DATE: ____ / ____ / ____

Please note that we may not be able to process the form if it is not duly completed. Brook Green Supply may conduct checks and request additional information to check the authenticity of this application.