

Request for quotation of an NDM GT Connected System Exit Point

Schedule 1 (Annex B)

1	From GT to Northern Gas Networks:		
	GT Ref Number		Date of Request
	GT Name		For the Attention of (Northern Gas Networks)
	Address (incl. postcode)		Northern Gas Networks
			GT Contact Name
			GT Telephone Number
			GT Fax No.
	GT Signature		Job Title
2	GT Site Information		
	CSEP Name		O/S Map Reference
	Site Name		CSEP Development Period (Years)
	Street		
	Town		CSEP Connection scaled location plan enclosed?
	County		
	Postcode		Is this the Initial Request? Yes / No
			If No, existing Site Works Ref No

Load Details	EUC01B			EUC _____ **			Max CSAQ for all EUCs (kWh)	Max CSEP Offtake Rate (kWh/h)
	No. NDM Conns	CSAQ (kWh)	Supply Hourly Quantity (kW)	No. NDM Conns	CSAQ (kWh)	Supply Hourly Quantity (kW)		
A	Year 1							
	Year 2							
	Year 3							
	Year 4							
	Year 5							
	Year 6							
	Year 7							
	Year 8							
	Year 9							
	Year 10							
B	Maximum Potential Load, A plus additional Condition 13							

** For each EUC, the category, number of connections and CSAQ offtake rate must be stated for each year.

Does your request fall within the parameters of the standard source pressure table? Yes/No/not applicable*

If Yes, do you want to use the standard pressure? Yes/No**

***Requests relating to existing sites connected prior to the 1st November 2002 are exempt from payment.**

****If No please enclose payment for £85 plus VAT made payable to 'Northern Gas Networks'. Northern Gas Networks will be unable to process your request unless payment is received**

If both A and B loads, or only the A load falls within the parameters of the table a single charge will apply

The expected Requested Substantial Completion Date is ____ / ____ / ____

Any Site Anomalies, Additional Conditions, Site Rules or Regulations?	
Any Construction Period Constraints?	
Any Enhanced Facilities Required?	
Do you wish to complete the final connection ? Yes / No	
Further information may be provided on a separate sheet. Please indicate here if attached:	
FOR GT FINAL CONNECTIONS ONLY – Please confirm company name for the following GIRS registration scopes: Design: _____ Construction/Commissioning/Connection (Routine): _____ Construction/Commissioning/Connection (Non Routine): _____ Project Management: _____	

For Northern Gas Networks purposes only			
Date Received		Date of Reply	
Received by		Northern Gas Networks Reference No.	

**Request for quotation of an NDM GT Connected System Exit Point
Schedule 1 (Annex B)**