

4.1 BSCP71/01 ECVNA Authorisation Request Form for Single Notification

ECVNA Authorisation Request for Single Notification

Please tick to identify whether this form is:	a new/successor Authorisation Request	X
	an Authorisation Change Request	

ECVNA to be Authorised:

To: ECVA		Date Sent:	
From: ECVNA to be Authorised			
Party Agent ID:ECCLUXPA		Name of Sender:	
Contact email address:			
Our Ref:		Contact Tel. No.+49341 24680 444	
Notification Amendment Type (select one)			
Additional		Replacement	Both
			X
Notification Amendment Type Effective From Date: (only necessary for Authorisation Changes)			
Name of Authorised Signatory:			
Authorised Signature:		Password:	

Energy (From) Account Details – (equivalent to Party I Energy Account Details):

To: ECVA		Date Sent:	
From: Party 1 (From Account)			
Energy Production / Consumption Flag: Production			
Party ID: ECCLUX		Name of Sender:	
Contact email address:			
Our Ref:		Contact Tel. No. +49341 24680 444	
Name of Authorised Signatory:			
Authorised Signature:		Password:	

Energy (To) Account Details - (equivalent to Party 2 Energy Account Details):

To: ECVA	Date Sent:
From: Party 2 (To Account)	
Energy Production / Consumption Flag:	
Party ID:	Name of Sender:
Contact email address:	
Our Ref:	Contact Tel. No.
Name of Authorised Signatory:	
Authorised Signature:	Password:

Implementation Details:

Effective From Date: ____/____/____

Effective to Date (Optional): ____/____/____