



## New Connection Form

**Core MPAN**

Customer Name:

Company Registration Number:

**Customer Contact Details**

Name:

Telephone:

Email:

Supply Address:

Site Access Contact (if different from above):

**Distribution Network Operator (DNO) Details**

Company:

**Meter Operator (MOP) Details** (if applicable, copy of countersigned MOP contract to be provided)

MOP:

**Additional Supply Information (Mandatory)**

CT or WC Choose an item. 1 Phase or 3 Phase Choose an item. Voltage: LV, HV or EHV Choose an item.

Type of Business (Micro/Macro) &amp; (Part of Group/Individual Site)

&amp;

CT Ratio

VT Ratio

Declared Capacity (KVA)

Estimated Annual Consumption

Requested Metering Installation Date (cannot pre-date site completion date)

Site Completion Date (ready to accept metering)

Meter Position/Location

Any known mobile phone signal issue?

Additional Information

PLEASE EMAIL COMPLETED FORMS TO [partnerquotes@pe.solutions](mailto:partnerquotes@pe.solutions)**PLEASE NOTE THAT ANY FORMS RECEIVED WITH MISSING DATA WILL BE RETURNED AND  
WILL NEED CORRECTING PRIOR TO BEING PROCESSED**