

Transmission Company Manifest Error Claim Form (F14/02)

Transmission Company Manifest Error Claim Form

For completion by the Transmission Company

To: Disputes Administrator
 Fax: _____ Email: _____

Cc: Company Name of BSC (Lead) Party _____
 Location _____
 Fax: _____ Email: _____

From: NGC National Grid Control Centre
 Fax: _____ Email: _____

Date of Claim: _____

Time of Claim: _____

Claim Details: * *Delete as appropriate*

Bid-Offer Acceptance Volume Pairs:
 (complete if BOA number unavailable)

Affected BM Unit	
BSC (Lead) Party of BMU	
Affected Settlement Day	
Affected Settlement Period(s)	
Affected Bid-Offer Pair Number(s)	
Affected Bid/Offer* Price(s)	
Relevant Bid-Offer Acceptance Time	
Relevant Bid-Offer Acceptance Number	

From MW	From Time	To MW	To Time

Additional Relevant Information: _____

Manifest Error Claim Made by (name): _____ Signature: _____

*For completion by the Receiving (Lead) Party
 (To be returned to Transmission Company, Cc: DA, within 15 minutes of receipt.)*

Received By (signature): _____

Date and Time of Receipt: _____

For completion by the DA

DA Log Number: _____

Date/Time Claim initially received at DA: _____

Valid: Y/N

Notification of Receipt of Manifest Error Claim Form by the DA (F14/03)

Notification of Receipt of Manifest Error Claim Form by the DA

For completion by the DA

To: 1) (name) _____

NGC

Fax: _____ Email: _____

2) (name) _____

Lead Party Company Name _____

Fax: _____ Email: _____

From: Disputes Administrator

Date: _____

Claim Details: * Delete as appropriate

Bid-Offer Acceptance Volume Pairs:
(complete only if BOA No. unavailable)

Affected BM Unit	
BSC (Lead) Party of BMU	
Affected Settlement Day	
Affected Settlement Period(s)	
Affected Bid-Offer Pair Number(s)	
Affected Bid/Offer* Price(s)	
Relevant Bid-Offer Acceptance Time	
Relevant Bid-Offer Acceptance Number	

From MW	From Time	To MW	To Time

The claim raised by (company) _____ on (date) _____ at (time) _____ has/has not* been raised within 4 hours of the Bid-Offer Acceptance Time and has therefore been determined to be Valid/Invalid* by the Disputes Administrator for raising a claim under the Balancing and Settlement Code (BSC). * DA to delete as appropriate

Your Manifest Error Log number is: _____
(To be quoted in all subsequent correspondence)

For valid claims the following information is now requested:

- Supporting information from the Raising Party in accordance with section 3.3.2 of this procedure
- Information from the Transmission Company in accordance with section 3.3.2 of this procedure

Deadline Date for reply: _____

If you require any further information on this Manifest Error claim please contact: _____

Telephone: _____ Fax: _____ Email: _____

DA Log Number: _____

Date Initial Settlement Run due to be completed: _____

