

Please be aware that the liability of the gas supply will only pass to the new occupier when the fully completed form is returned to us.

Return this form to us by FAX on 0845 241 2701 or EMAIL to [cot@regentgas.co.uk](mailto:cot@regentgas.co.uk) If you require assistance completing this form please call 0845 241 2700.

Site Address:

Part A - Outgoing Occupier: Please indicate -

- Is this form being completed by
- Incoming Occupier
  - Third Party Intermediate (TPI)
  - Outgoing Occupier

Previous Occupiers Details:

Company/Customer Name:

Contact Name:

Forwarding Address:

  
  

Telephone:

Email:

Transfer Details:

MPRN(s):

(Meter Point Reference Number)

Transfer Reading(s):

Date of Change:

MPRN(s):

(Meter Point Reference Number)

Transfer Reading(s):

Date of Change:

Please be aware that the liability of the gas supply will only pass to the new occupier when the fully completed form is returned to us.

Return this form to us by FAX on 0845 241 2701 or EMAIL to [cot@regentgas.co.uk](mailto:cot@regentgas.co.uk) If you require assistance completing this form please call 0845 241 2700.

### Part B - Incoming Occupier

New Occupiers Details: Please indicate -

Is this form being completed by - Incoming Occupier  
- Third Party Intermediate (TPI)  
- Outgoing Occupier

Is this a Domestic used site ? - YES / NO  
Is this a Micro Business ? - YES / NO  
Does anyone at the property have any specific needs ? - YES / NO  
Is there anyone at the property who is Medically Dependant on this energy supply ? - YES / NO  
Are there any children, 5 years or under, at this property ? - YES / NO

Company / Customer Name:

Contact Name:

Billing Address:

Telephone:

Email:

Company Registration Number (if Limited Company):

If Non-Limited Full Name of Owner of Company:

Date of Birth of Owner: Home Address of Owner:

### Completed By

Signed:

Full Name:

Date:

Position: