nationalgrid

CfD Company and User Registration

Support Guide



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Introduction

Any company or organisation that wishes to apply for a Contract for Difference (CfD) must register with the EMR Delivery Body. For the 2014 CfD Allocation round, the registration process will be carried out using Company Registration Form created from a Microsoft Excel template. This template must be completed and signed by the appropriate person within the applicant's organisation and submitted to the delivery body via email.

Applicants can download the Company Registration Form template from the EMR Delivery Body portal which can be found via the following link:

https://www.emrdeliverybody.com/Pages/AnnouncementDescription.aspx?CID=47

The aim of this guide is to provide detailed information on the information required to complete the company registration form and how it should be submitted to the delivery body.

EMR Company Registration Information

The EMR Company Registration Form asks for the information below:

- The relevant details for the company or organisation wishing to register.
- The relevant details for the 'Authorised Person' (AP). The Authorised Person should be a
 person named at Companies House for UK registered Companies (or the equivalent body
 for non-UK registered companies) as related to the Company being registered. They will
 ordinarily be a Company Director or a Company Secretary.
- The Main Company Administrator details. The Main Company Administrator should ordinarily be the person with managerial responsibility for the day to day participation in the Contracts for Difference. The Main Company Administrator will be initially responsible for the creation of other companies in the Portal relating to the Main Company, and for registering other Users. They will also act as the main point of contact for the Main Company for any communications with the Delivery Body.
- Optional Additional Contacts. The Main Company Administrator may wish to nominate additional contacts to submit applications or information for a CfD on behalf of the company or organisation. If this is the case the second page of the Company Registration Form should be completed by the Main Administrator and the Nominated User.

The EMR Company Registration Form template should be downloaded from the EMR Delivery Body Portal; the Main Company Administrator should complete the details of the Company, Authorised Person and the Main Company Administrator. If the Main Company Administrator wishes to nominate other users to submit applications or information on behalf of the company or organisation, page 2 of the form should be completed, providing the CfD Nominated User's details, this page should be signed by the Main Administrator.

The form should then be printed on Company letter-headed stationary and signed and dated by the Authorised Person. The completed, signed form should then be scanned electronically and saved in pdf format. The Signed version of the form as well as the Microsoft Excel template should be emailed to the delivery body at the following address <a href="mailto:em

Note: It is requested that applicants add the name of the company at the beginning of the file name to facilitate the EMR team during the administration process. This will help to speed up the

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Company Registration Process and avoid unnecessary delays. For example in the case of National Grid, the filename could be "National Grid - EMR Company Registration Form.pdf".

EMR Company Registration Form Page One

Completion of page 1 is mandatory for all companies or organisations wishing to apply for a CfD.

EMR Company Registration Form

	CfD Mechanism	
Company Details		
Company name:*		
Company Registration Number:		
VAT Number:		
Address Line 1:*		
Address Line 2:*		
Address Line 3:*		
City / Town:*		
Post Code:*		
Country:*		
Authorised Person Details		
First name:*		
Surname:*		
Telephone Number:*		
Email Address:*		
Position / Role in Company:*		
Address Line 1:*		
Address Line 2:*		
Address Line 3:*		
City / Town:*		
Post Code:*		
Country:*		
CfD Main Administrator Details		
First name:*		
Surname:*		
Telephone Number:*		
Email Address:*		
Position / Role in Company:*		
Address Line 1:*		
Address Line 2:*		
Address Line 3:*		
City / Town:*		
Post Code:*		
Country:*	/*\ \\ \ \ \ \ \ \ \ \ \ \ \	
	(*) Indicates Mandatory Field	
Authorised Person Name (print)		
Authorised Person Signature:	Date:	

EMR Company Registration Form Page Two

Completion of page 2, providing additional contacts is optional and is only required if the company or organisation wishes to nominate additional CfD users to apply for a CfD or submit information relating to a CfD application.

EMR Company Registration Form (Optional additional contacts) CfD Mechanism

CfD Main Administrator Details	
First name:*	
Surname:*	
Telephone Number:*	
Email Address:*	
Position / Role in Company:*	
Address Line 1:*	
Address Line 2:*	
Address Line 3:*	
City / Town:*	
Post Code:*	
Country:*	
Additional CfD Nominated Users	
First name:*	
Surname:*	
Telephone Number:*	
Email Address:*	
Position / Role in Company:*	
Address Line 1:*	
Address Line 2:*	
Address Line 3:*	
City / Town:*	
Post Code:*	
Country:*	
,	
Additional CfD Nominated Users	
First name:*	
First name:* Surname:*	
First name:* Surname:* Telephone Number:*	
First name:* Surname:* Telephone Number:* Email Address:*	
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:*	
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:*	
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:*	
Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:*	
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:*	
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:* Post Code:*	
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:*	(*) Indicator Mandatony Field
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:* Post Code:* Country:*	(*) Indicates Mandatory Field
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:* Post Code:*	(*) Indicates Mandatory Field
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:* Post Code:* Country:*	(*) Indicates Mandatory Field
First name:* Surname:* Telephone Number:* Email Address:* Position / Role in Company:* Address Line 1:* Address Line 2:* Address Line 3:* City / Town:* Post Code:* Country:* Main Administrator Name (print)	(*) Indicates Mandatory Field Date:

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Once the Registration Form and Registration Template are complete, they should both be emailed to the EMR Delivery Body using the email address emr@nationalgrid.com.

EMR Company Registration Verification

The Delivery Body will acknowledge the receipt of all submitted Registration Forms and Registration Templates to both the Main Company Administrator and Authorised Person at the email addresses provided as part of registration.

Once the required verification checks of the data and information contained within the submitted files have been completed by the Delivery Body, both the Main Company Administrator and Authorised Person will receive email confirmation of the outcome.

Alternatively both the Main Company Administrator and Authorised Person will receive email confirmation that the Company's registration request has been refused with the reasoning for the refusal by the Delivery Body to be stated in the email communication.

If there are any issues that arise during the examination of the registration request the Delivery Body will contact the Main Company Administrator in the first instance.