



Supply Group Code Application Form ("Application Form")

In order to verify the identity of an applicant for a Supply Group Code ("SGC"), the STS Association ("STSA") requires specific information and documents to be supplied to it with each SGC application. The specific information together with relevant supporting documents required by the STSA appears in the body of this Application Form.

For the purposes of this document, the term SGC User applies to both SGC User and SGC sub-User (as defined in STS700-1).

The STSA will only allocate a SGC once it has received the above-mentioned documents and information from the applicant, verified the applicant's identity to its satisfaction and the applicant has read and accepted STS 700-1 (Conditions of use and conduct for the use and management of Supply Group Codes) which governs the rights of use of SGCs, and outlines the rules of behaviour, the responsibilities and proper practices that must be adhered to by users of SGCs ("SGC Users").

It is the sole responsibility of the SGC applicant and/or the SGC User (if the SGC applicant is granted rights of use) to ensure that the STSA is notified in writing should any of the information provided in this Application Form or in any of the documents supplied in support of this Application Form changes. The SGC applicant and/or SGC User (as the case may be) shall notify the STSA in writing of any such change within 10 (ten) calendar days of that change occurring.

Applicant Organization - Registered Details

The Applicant Organization must provide the details in the below table to the STSA. These details will be verified by the STSA by comparing them against the details provided below, but to the extent that the STSA deems it necessary or desirable, the STSA may verify these details in any other reasonable and lawful manner.

Registered Name	
Trading Name	
Registered Address	
City	
State / Province	
Postal / Zip Code	
Country	
Registration Number (if applicable)	
Tax Number (if applicable)	
Website (if applicable)	
Office Email Address	
Telephone Number	

Provide the following supporting documents:

- Proof of registration, which must record the name and registration number of the Applicant Organization;
- List of current directors and/or members;
- Proof of registered address (certified copy).

Applicant Organization- Authorised Representative Details

The Applicant Organization’s Authorized Representative is the person who has been nominated and authorised by the Applicant Organization to request an SGC from the STSA on its behalf.

The details of the Authorised Representative will be verified by the STSA by comparing them against the supporting details provided below, but to the extent that the STSA deems it necessary or desirable, the STSA may verify these details in any other reasonable and lawful manner.

We, the Applicant Organization, hereby nominate the following person as the Authorized Representative for our organization.

Authorised Representative Name	
Job Title	
Identity Number	
Designation	
Office Email Address	
Telephone Number	

Utility Details

Only fill in this section if the Applicant Organization intends to use the SGC within the jurisdiction of a Utility.

For the purposes of this document, the term “Jurisdiction” shall mean any point on the Utility network that lies upstream of the billing meter output terminals.

The following details refer to the Utility in whose jurisdiction the SGC Applicant Organization intends to use the SGC being applied for. If the Applicant Organization intends to use the SGC within the jurisdiction of a Utility, a formal letter of approval from the Utility must be submitted together with this Application Form.

Utility Name							
Address							
City							
State/Province							
Postal / Zip Code							
Geographical Region							
Country							
Office Email Address							
Telephone Number							
Service/Utility Type	Electricity		Water		Gas		Time
Bulk meter Account Holder Name (if available)							
Bulk meter Account Number (if available)							

Provide the following supporting documents:

- Letter of approval from the Utility.

Supply Group Code Details

The following details the attributes of the SGC being applied for. Only one (1) SGC can be requested at a time using this Application Form.

Provide motivation for application							
Area / Region of Use							
Country of Use							
Name of Supply Group							
Credit Type	Units			Currency			
Service/Utility Type	Electricity		Water		Gas		Time
Cluster							

Conditions of use and conduct

Once the Authorised Representative has read and understood STS 700-1 (Conditions of use and conduct for the use and management of Supply Group Codes), the Authorised Representative must indicate his or her acceptance of it on behalf of the Applicant Organization by checking the block next to the block entitled "YES" in the table below. This Application Form will not be considered complete, unless and until STS 700-1 has been read, understood and accepted by the Authorised Representative in the manner contemplated in this Application Form.

I have read and accept the Conditions of use and conduct (STS 700-1)	YES	
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We confirm that the details provided in this form and the appointment of our representative are correct and binding on our organization

For the Applicant Organization (Director or person duly authorised to sign on behalf of the Organization)

Name: _____

Signature: _____

Date: _____

For the Applicant Organization Representative

Name: _____

Signature: _____

Date: _____

For office use only

Verified by: (STSA - Know your customer)

Full Name	
Designation	
Signature	
Date	

Application Processed by: (KMC)

Full Name	
Designation	
Signature	
Date	