**Access Manager**

A person to whom an authorised signatory for a company has delegated responsibility for managing and setting up access rights via the Energy Portal, as well as for ensuring all details and allocated roles are correct and up to date.

Please provide us with the following information, items with an asterisk\* must be completed.

|  |  |
| --- | --- |
| Title (i.e. Mr/Mrs/Ms)\* |  |
| First Name\* |  |
| Initials |  |
| Last Name\* |  |
| Job Title |  |
| Business Address\* |  |
| Email Address\* |  |
| Telephone Number\* |  |
| Mobile Number |  |
| Companies Represented\* | Enter the following details for each company within your company group:  Company Name as registered in Companies House  Company Registration Number as allocated by Companies House. |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Full Name)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby confirm that, in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. Secretary/Director, etc), I authorise this person to act on behalf of all the Companies listed above with the role of Access Manager.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When complete, return to Licensing, NSTA, Sanctuary Buildings, 20 Great Smith Street, London, SW1P 3BT or scan it and mail it to [approvals@nstauthority.co.uk](mailto:approvals@nstauthority.co.uk)

**Licensing Contact**

A person to whom OGA can send licensing advice, news and notices. We suggest a person with legal or specifically licensing responsibilities.

Please provide us with the following information, items with an asterisk\* must be completed.

|  |  |
| --- | --- |
| Title (i.e. Mr/Mrs/Ms)\* |  |
| First Name\* |  |
| Initials |  |
| Last Name\* |  |
| Job Title |  |
| Business Address\* |  |
| Email Address\* |  |
| Telephone Number\* |  |
| Mobile Number |  |
| Companies Represented\* | Enter the following details for each company within your company group:  Company Name as registered in Companies House  Company Registration Number as allocated by Companies House. |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Full Name)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby confirm that, in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. Secretary/Director, etc), I authorise this person to act on behalf of all the Companies listed above with the role of Licensing Contact.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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