Customer Compensation Claim Form

npower Business Solutions
powered by e·on

So we can review your compensation request, please complete and return this form along with the necessary documentation.

Once you have filled it out, save the completed form to your computer by selecting 'File' and then 'Save a Copy.' After that, attach the document to a new email and send it to your CRM Executive.

Based on the below and the evidence provided, we will assess your compensation request as soon as possible.

We will validate your claim and your CRM Executive will contact you to discuss this with you. If your claim is successful, we will credit this as payment to your npower Business Solutions (nBS) account.

Customer details

Company name:	
Company address:	
Post code:	
Contact name and job title (if applicable):	
Contact telephone number:	
Contact email address:	
Fuel type:	Electricity ☐ Gas ☐ Dual ☐
Electricity MPAN(s):	
Gas MRPN(s):	

(If there are multiple MPANs/MPRNs associated with this claim, please list them in an attachment)

If you are an energy consultant completing this form on behalf of a customer, please provide your details below:

Company name:	
Company address:	
Post code:	
Contact name and job title (if applicable):	
Contact telephone number:	
Contact email address:	
Letter of Authority (LOA):	☐

Supporting evidence

Please select the appropriate box depending on your claim reason and select the evidence provided:

Registration ☐ Incorrect objection ☐ VAT/CCL ☐ Other ☐

Copy of your current supplier's invoices (which cover the late registration period)	☐
Half-Hourly (HH) data for the affected period (if applicable)	☐
A countersigned copy of your new supplier's contract, position report or trader summary, if required	☐
VAT declaration form/PP11/PP12 (please attach HMRC response)	☐
Correspondence evidence (emails, letters, contact dates, costs incurred)	☐

Customer Compensation Claim Form continued

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Claim information

Date the issue started:

Claim description:

Have you raised this issue before? Yes ☐ No ☐ If yes, please provide the dates

Has the issue been resolved? Yes ☐ No ☐ If yes, please provide the dates

Did you raise this as a complaint? Yes ☐ No ☐ If yes, please add your complaint reference number

Value of financial loss (if applicable):

Claim value you are asking for (in £) (if unknown, please leave blank):

Please confirm which account(s) you would like to be credited:

Account number(s):

If you wish to opt out of the allocation to your account and opt for a payment via BACS, please provide the following information:
Please ensure you have attached proof of the bank details on letter headed paper.

Bank name:

Account name:

Account number:

Sort code:

Your signature:

Please note, this must be handwritten or an E-signature

Date:

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