Form P

Request for Amendment of Third Party Reference(s) and Live Rateable Value

For Use by Licensed Providers

1. Licensed Provider Details:
   Licensed Provider: __________________________________
   Licensed Provider's own Reference: ________________________
   Licensed Provider ID: _________________________________
   Contact name: _________________________________________
   Contact number: _______________________________________
   Contact e-mail: _________________________________________

2. Current Premises Details:
   As registered at the CMA
   Supply Point ID (SPID): _________________________________
   SAA Reference Number: _________________________________
   Unique Property Reference Number (UPRN) ______________________
   Address of premises
   _________________________________
   _________________________________
   _________________________________
   Postcode: _____________________________________________

3. Reason for the Request:

3.1 Type of Amendment
   Please indicate the reason for the request and complete the relevant section below:

   No Previous SAA Reference Number: ☐ Please complete section 4
   No Previous UPRN: ☐ Please complete section 4
Update of existing SAA Reference Number: ___________________  
☐ Please complete section 5

Update of existing UPRN: ___________________  
☐ Please complete section 5

No Previous Live Rateable Value  
☐ Please complete section 6

Update of existing Live Rateable Value ___________________  
☐ Please complete section 7

4. Proposed Third Party Reference:

Where there is no previous reference registered at the CMA

SAA Reference Number: ___________________

UPRN: ___________________

Is the reference already registered at the CMA incorrectly (Y/N): __________

If YES, Please provide the SPID: ___________________

5. Proposed Premises and Reference Details:

Where there is an existing reference registered at the CMA

Existing SAA Reference Number: ___________________

Existing UPRN: ___________________

Proposed SAA Reference Number: ___________________

Proposed UPRN: ___________________

Is the reference already registered at the CMA incorrectly (Y/N): __________

If YES, Please provide the SPID: ___________________

New address of premises as relevant: ___________________

________________________________

________________________________

________________________________

Postcode: ___________________

Reason for amendment

________________________________________________________________

________________________________________________________________
6. **Proposed Live Rateable Value**
Where there is no previous Live Rateable Value registered at the CMA

Proposed Live Rateable Value

7. **Proposed Update to Live Rateable Value**
Where there is an existing Live Rateable Value registered at the CMA

Existing Live Rateable Value

Proposed Live Rateable Value

8. **Additional Information:**
Please provide any additional information in support of the request. If supporting information is provided separately please indicate here.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

9. **Your Details:**
Signature: Date: 
Full name (in capitals):

Role in the company or job title: