

**Request New Z Type Code**

Please complete this form if you are requesting a new Z Type EIC code.

* Fields marked with an asterisk are mandatory
* Contact person name/email address should be the person whom we can contact with regards to anything relating to the EIC request. This information will be kept confidential
* Z Type Codes: Measuring point

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| --- | --- |
| **Parameter** | **Your Details** |
| EIC Name/Asset Name\*  (Please create a display name - we will do checks to ensure there are no duplications before we use it. The display name can be up to 15 characters long) |  |
| Xoserve BMU/Station/  Location ID\*  (Alphanumeric characters) |  |
| EIC of the Responsible Party\*  (16 alphanumeric characters) |  |
| EIC Locality\*  (Enter either “Local” or “International”) |  |
| Company Address\* |  |
| Contact Person Name & Phone Number\* |  |
| Contact Person Email\* |  |
| Additional Email |  |
| Function\*  (“Generation unit” or “Load”) |  |