

## Annex A

## Application for supply group code

1. Name of requesting supply authority or Alternate KMC _____								
2.a Country where supply group will be used and/or authority operates _____								
2.b country code as per iso 3166 _____ (please use codes as per <a href="http://www.iso.org/iso/iso_3166_code_lists">http://www.iso.org/iso/iso_3166_code_lists</a> )								
3. Has the above supply authority previously installed any STS prepayment meters?							Yes	NO
4. If yes, do you know of any previous supply group code allocated and when?								
SGC		Date allocated		SGC		Date allocated		
5a. Has the name of requesting supply authority changed							Yes	NO
5b. Previous supply authority names?								
6. Contact details (supply authority responsible for vending systems)								
Address:								
Tel:								
Fax:								
Email								
7a. Number of SGCs required: _____ (annex B/E of this COP) (Batches of 10 will be assigned/dispatched by default to all KMC's.)								
7b. For each of the SGC's requested please indicate the quantity of meters and geographical area name /country for each.								
SGC	QTY	name	area	SGC	QTY	name	area	
1				5				
2				6				
3				7				
4				8				
8. The support letters of a STS licensee/member company or companies that will manufacture the STS meters and will provide the STS vending system must be attached. The version of software and date of STS certification is also provided and will be re-supplied annually and on request to the STSA and the KMC.								
9. The specifications of paragraph 1 to 4.8 of the code of practice 2009 edition 2 is accepted.								
Signed _____		Name _____		date ____ / ____ / ____				
Designation _____		Company _____						

