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| CIRCULAR | | |
| Type & number | | MDD Circular 00566 |
| Date | 11 November 2015 | |
| To | | Market Participants |
| From | | MDD Co-ordinator |
| Purpose | | For review |

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|  |  |  |  |  |
| Market Domain Data Circular |  | 00566 | |  |
| Page 1 of 2 |  | 11 November 2015 | © ELEXON 2015 |

# MDD change requests for impact assessment

Please find attached one change request that requires an impact assessment by your organisation:

| MDD CR Number | Party Raised By | Details of Change Request |
| --- | --- | --- |
| M2506 | ELEXON | Inclusion of Charge Codes and Switch Regimes  *Effective from Date: 16/12/2015* |

A zip folder containing the change request form can be found with this Circular at: <http://www.elexon.co.uk/news-events/mdd-circulars>.

Please note that the above change will be submitted to the Supplier Volume Allocation Group (SVG) meeting 178 on 1 December 2015 for approval.

I would be grateful if you could return any comments you may have on the attached form by **17.00 on Wednesday 18 November 2015**. Please note that if no response is received, I will assume that you are in agreement with the proposed change.

Providing there are no adverse comments, it is planned to incorporate this change into MDD version 237. You will be advised formally of this publication by another MDD Circular, in the usual manner, nearer the time.

If you have any queries please call the BSC Service Desk on 0870 010 6950 or email [bscservicedesk@cgi.com](mailto:bscservicedesk@cgi.com).

Junaid Mahmood

ELEXON BSC Operations

**Attachments:**

Attachment A – Change Requests

Attachment B - UMS Charge Code Documentation

**Please return by 17.00 on Wednesday 18 November 2015.**

To: Junaid Mahmood

4th Floor, 350 Euston Road

London NW1 3AW

Tel: 0870 010 6950 (BSC Service Desk)

Email: [mddc@elexon.co.uk](mailto:mddc@elexon.co.uk)

**MDD Change Requests for Impact Assessment**

* I agree/disagree\* with the changes proposed in M2506

**\*** *Please delete as appropriate*

**If you disagree with any of the changes proposed, please give details below:**

**Name…………………………………………….…**

**Organisation………………………………………**