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| CIRCULAR | | |
| Type & number | | MDD Circular 00642 |
| Date | 12 September 2018 | |
| To | | Market Participants |
| From | | MDD Co-ordinator |
| Purpose | | For review |

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|  |  |  |  |  |
| Market Domain Data Circular |  | 00642 | |  |
| Page 1 of 2 |  | 12 September 2018 | © ELEXON 2018 |

# MDD change requests for impact assessment

Please find attached the following change requests that require an impact assessment by your organisation:

| MDD CR Number | Party Raised By | Details of Change Request |
| --- | --- | --- |
| M3176 | ELEXON | Inclusion of Charge Codes and Switch Regimes  *Effective from Date: 17/10/2018* |

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 changes will be submitted to the Supplier Volume Allocation Group (SVG) meeting 212 on 02 October 2018 for approval. I would be grateful if you could return any comments you may have on the attached form by **17.00 on Wednesday 19 September 2018**. 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 274. 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 0370 010 6950 or email [bscservicedesk@cgi.com](mailto:bscservicedesk@cgi.com).

Josh Kalsi

ELEXON BSC Operations

**Attachments:**

Attachment A – Change Requests

Attachment B - UMS Charge Code Documentation

Attachment C - UMS Charge Code Documentation

**Please return by 17.00 on Wednesday 19 September 2018**

To: Josh Kalsi

4th Floor, 350 Euston Road

London NW1 3AW

Tel: 0370 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 M3176

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

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

**Name…………………………………………….…**

**Organisation………………………………………**