

Appendix 1

Contract Change Notification Form

This form should be used by a party who wishes to raise a draft or a formal CCN.

Please complete this form and submit to all relevant party.

| Document Control | |
|----------------------------|---|
| CP Status: | Draft |
| For Issue To: | Experian |
| CCN Number*: | TRAS100 |
| Date Raised: | 10 January 2018 |
| Title of Change: | Clarification Questions from Experian's Presentation to UKRPA |
| Version Number: | 0.1 |
| Attachments ¹ : | None |

* Assigned by Change Control Administrator

| Originator details | |
|-----------------------------|---|
| Party Name | ElectraLink |
| Party Change Administrator: | Fungai Madzivadondo |
| Telephone number: | 077 1537 2504 |
| Email address: | EnergyTRAS Energy.TRAS@electralink.co.uk |

| CCN Details | |
|---|--|
| SPAA and DCUSA Parties believed to be impacted: | N/A |
| Summary of Change: | <p>Experian gave a presentation to the UKRPA forum in April 2017. Some clarification questions were raised by one UKRPA member (British Gas). The TRAS Expert Group discussed if it was appropriate for ElectraLink to provide the answers directly back to Experian, and it was agreed that TEG members should receive the information from Experian, and if the UKRPA ask for the responses to its member's questions, these would be provided by the British Gas's representative on the forum.</p> <p>As part of the review, some additional clarification questions were raised by other TEG members and these have also been included below.</p> |

¹ Redline drafting must be included as part of the IA response

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| | <p>British Gas</p> <p>Slide 5</p> <p>TRAS Theft Conversion Rate stable but slightly improving 13.5% Is this figure an overall view or is it a snapshot from the most recent month?</p> <p>20% of reported gas thefts have been identified by TRAS Where does this figure come from as the actual number of confirmed thefts, with a source of TRAS, appears much lower?</p> <p>There are lost opportunities in reported QO's What are these lost opportunities and how is this comment quantified?</p> <p>Spark Energy</p> <p>Slide 5</p> <p>TRAS Theft Conversion Rate stable but slightly improving 13.5% Please also provide the 'Theft Conversion Rate Percentage' as the Latest Month Percentage with a comparison to a 12 Month rolling Percentage</p> <p>There are lost opportunities in reported QO's How' are the 'Lost Opportunities' identified and quantified.... ?</p> <p>E.ON</p> <p>20% of reported gas thefts have been identified by TRAS Is this 20% of the 15% that has been worked? What is the % of non TRAS identified as compared to the TRAS only identified?</p> <p>The conversion rate compares well with data-driven fraud detection in other industries Please advise which industries you are referring to</p> <p>There are lost opportunities in reported QO's What does this actually mean and have these been brought to the TEG/TSG?</p> <p>Experian is thereby requested to:</p> <ol style="list-style-type: none"> 1. Provide the responses to the questions back to ElectraLink. |
| <p>Related CPs: Please indicate if this CP is related to or impacts any other CP already in the SPAA and DCUSA or other industry Change Process</p> | <p>None</p> |

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| TRAS contract schedule to change: | None |
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Proposed Solution:

Impact Assessment

Please provide redline drafting of the proposed changes and indicate clearly in the 'CCN details' box which clause of the TRAS contract is to change.

Please provide an Impact Assessment including details of the impact of the proposed change on the TRAS service, the Service Provider's ability to meet its other contractual obligations and any variation to the terms of the TRAS Contract that will be required in relation to the below (where applicable).

Please provide an answer to each question below, where there is no impact, please state 'no impact'.

- (i) the Service Description and the Service Levels;
- (ii) the format of Recipient Data;
- (iii) the Milestones, Implementation Plan and any other timetable previously agreed by the parties;
- (iv) other services provided by third party contractors to the Recipients, including any changes required by the proposed change to SPAA and DCUSA's IT infrastructure;
- (v) details of Service Provider fees of implementing the proposed change;
- (vi) details of the ongoing Service Provider fees required by the proposed change when implemented, including any increase or decrease in the TRAS Charges, any alteration in the resources and/or expenditure required by either party and any alteration to the working practices of either party;
- (vii) a timetable for the implementation, together with any proposals for the testing of the change;
- (viii) Once signed off, development of reports would be complete within 20 calendar days
- (ix) details of how the proposed change will be compliant with an applicable Change in Law;
- (x) other impacts identified by the TRAS Service Provider
- (xi) CCN testing requirements
- (xii) such other information

Further Detail

Proposed Implementation Date:

ASAP

Business Justification for change:

As the Groups/Committee members were not approached prior to the presentation for the information, and did not have the opportunity to question the content, clarity is now required.

Appendix 2

Change Authorisation Note

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| CR NO.: | TITLE: | DATE RAISED: |
| PROJECT: TRAS | TYPE OF CHANGE: | REQUIRED BY DATE: |
| | | REDLINE DRAFTING REQUIRED BY: |
| KEY MILESTONE DATE: | | |
| DETAILED DESCRIPTION OF CONTRACT CHANGE FOR WHICH IMPACT ASSESSMENT IS BEING PREPARED AND DETAILS OF ANY RELATED CONTRACT CHANGES: | | |
| PROPOSED ADJUSTMENT TO THE CHARGES RESULTING FROM THE CONTRACT CHANGE: | | |
| DETAILS OF PROPOSED ONE-OFF ADDITIONAL CHARGES AND MEANS FOR DETERMINING THESE (E.G. FIXED PRICE OR COST-PLUS BASIS): | | |

| SIGNED ON BEHALF OF DCUSA (1) | | SIGNED ON BEHALF OF DCUSA (2) | |
|--------------------------------------|--|--------------------------------------|--|
| Signature: | | Signature: | |
| Name: | | Name: | |
| Position: | | Position: | |
| Date: | | Date: | |

| SIGNED ON BEHALF OF SPAA (1) | | SIGNED ON BEHALF OF SPAA (2) | |
|-------------------------------------|--|-------------------------------------|--|
| Signature: | | Signature: | |
| Name: | | Name: | |
| Position: | | Position: | |
| Date: | | Date: | |

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| SIGNED ON BEHALF OF SERVICE PROVIDER |
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| Signature: | |
| Name: | |
| Position: | |
| Date: | |