

Change Request Number:	Title	Priority
<to be assigned by Transporter>	<to be assigned by Transporter>	<to be assigned by Gas MaP Market Change Group Meeting >
Name of Responding Organisation	<to be completed by responding organisation>	
Contact name	<to be completed by responding organisation>	
Date Response Sent to Transporter	<to be completed by responding organisation>	
Accept/Reject/No Impact	<to be completed by responding organisation>	
Reason for Response (this is mandatory in the case of a rejection)		
<to be completed by responding organisation>		
Impact of the Change Request		
<to be completed by responding organisation>		
Modifications Requested		
<to be completed by responding organisation>		
Reason for Modifications		
<to be completed by responding organisation>		
Participant Assessment of Implementation Priority		
<to be completed by responding organisation>		
Other Comments		
<to be completed by responding organisation>		
List of Market Baseline Documents Impacted		
<to be edited by responding organisation and completed by Transporter>		
Notification of potential Code of Operations Impact		
<to be edited by responding organisation and completed by Transporter>		