esbnetworks.ie

ESB NETWORKS

MAST COMPENSATION CLAIM FORM

ESB requires the information requested on this application to enable us to set up and manage your MAST Compensation. The data controller is the ESB Networks. Please refer to our privacy policy at https://esbnetworks.ie/privacy

To apply for a new mast interference claim or to advise ESB Networks of a change of ownership you must complete:

- **The Mast Compensation Claim Form** and
- **The Payment Instruction Form**

1. GRANTOR NO: (for existing customers only)

2. I AM THE OWNER* OF LANDS SITUATED IN THE TOWNLAND OF:

3. FOLIO NO. OF LAND:**

4. NAME OF PREVIOUS OWNER: (If change of ownership)

Note:

* An owner for this purpose is not an occupier under a lease or letting of any kind

** Folio number is a mandatory field

5. I HEREBY CLAIM THE APPROPRIATE PAYMENT

for the number of structures relative to the line erected on the above land which qualify for payment.

Name: (in block capitals)

Postal Address

Landline: Mobile number:

Email:

Signature: Date:

6. CHANGE OF OWNERSHIP

I undertake to advise ESB of any change of ownership of the land which would involve cessation or variation in the payment to me and to refund ESB any overpayment made to me by reason of my neglect to so advise.

7. REMEMBER

You must also complete the attached **Payment Instruction Form** and return both to
Mast Administration, ESB Networks Ltd, PO Box 29, Garrycastle, Athlone, Freepost, Co Westmeath, Ireland.

esbnetworks.ie

NETWORKS

MAST COMPENSATION CLAIM FORM

FOR OFFICE USE ONLY

Line name				
Number of Eligible Masts	Pole Number	Description of Mast		Agreement Number
		Type	Size	

Grantor Number	Claim Number	Cost Object

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ESB NETWORKS

MAST COMPENSATION
PAYMENT INSTRUCTION FORM

ESB requires the information requested on this application to enable us to set up and manage your MAST Compensation. The data controller is the ESB Networks. Please refer to our privacy policy at https://esbnetworks.ie/privacy

Please complete this form authorising ESB Networks payments be made directly to your bank account.
Payments can only be made to Irish Bank and Credit Union accounts at present.

1. BANK DETAILS

I hereby authorise ESB Networks to make any payments to me under the above scheme by Direct Debit to the following Bank Account.
The details requested in this section are all contained on your Bank Statement

Bank Name (Irish Bank and Credit Union)

Bank Address

Account Name

Bank Account No

Bank Sort Code

BIC*

IBAN*

Note: *IBAN and BIC are available on your bank statement or from your bank.

2. DECLARATION

The authority will remain in force until revoked or amended by me.
The Grantor r eference Number is shown on your remittance advice.
The Grantor Number always begins with the letter G followed by five digits

Grantor Reference No (for existing customers only) G

Name: (in block capitals)

Address

Signature:

Date:

Contact Number:

3. INSTRUCTIONS

Completed forms may be returned in the enclosed Freepost envelope to:
Mast Administration, ESB Networks Ltd, PO Box 29, Garrycastle, Athlone, Freepost, Co Westmeath, Ireland.

Note:
Payment in accordance with these instructions shall discharge ESB Networks from any further liability.
ESB Networks shall not accept responsibility in the event that the bank account details submitted by you are incorrect.

FOr INTEr NAL u SE ONLy

Input by: _____ Date: _____ Checked by: _____ Date: _____