

DISTRIBUTION CODE MODIFICATION PROPOSAL FORM		
Modification Proposal submitted By:	DATE OF SUBMISSION OF PROPOSAL:	Modification Proposal Number: <i>(to be assigned by Review Panel Secretary)</i>
CONTACT DETAILS FOR MODIFICATION PROPOSAL ORIGINATOR: (IF NOT DISTRIBUTION CODE REVIEW PANEL)		
NAME:		TELEPHONE NUMBER:
E-MAIL ADDRESS:		
MODIFICATION PROPOSAL TITLE:		
DISTRIBUTION CODE SECTION(S) AFFECTED BY PROPOSAL		
MODIFICATION PROPOSAL DESCRIPTION <i>(Clearly state the desired amendment and all text changes. Attach further information if necessary)</i>		
MODIFICATION PROPOSAL JUSTIFICATION <i>(Clearly state the reason for the modification. Attach further information if necessary)</i>		
IMPLICATIONS OF NOT IMPLEMENTING THIS MODIFICATION		
PLEASE SUBMIT MODIFICATION PROPOSALS TO THE PANEL SECRETARY BY E-MAIL TO: DistCodePanel@mail.esb.ie		