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*Date of receipt*

*Of the form by CWaPE*

**Application for a license to provide flexibility services in the electricity market in the Walloon Region**

***What is this form for?***

This form makes it possible to file an application for a licence to supply flexibility services in the Walloon electricity market

***What is the legal basis for this form?***

This form was established in accordance with Article 14 of the Walloon Government Decree of 28 March 2019, regarding the licence to supply flexibility services in the electricity market. This article authorises CWaPE to create a model for an application which the applicant must adhere to.

***Who should this form be sent to?***

For the general procedure, send this form, along with the relevant supporting documents, in a single file by registered mail or with acknowledgement of receipt to the CWaPE headquarters:

**CWaPE, route de Louvain-la-Neuve 4 bte 12, 5001 NAMUR**

For the simplified procedure, sending it by email is sufficient: **licence.fsp@cwape.be**

# Identification of the applicant and signature

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company denomination | *Company denomination* | | | | | | | | | | |
| Legal status (SA, SPRL, etc.) | *Legal status* | | | | | | | | | | |
| Street, number, PO box | *Street, number, PO box* | | | | | | | | | | |
| Post code and town | *Post code and district* | | | | | | | | | | |
| Country | *Country* | | | | | | | | | | |
| Company number  (Carrefour Bank) |  |  | |  |  |  |  |  |  |  |  |
| Person authorised to represent the company for the purposes of this application for a supplier’s licence | Surname | | *Surname* | | | | | | | | |
| First name | | *First name* | | | | | | | | |
| Role | | *Role* | | | | | | | | |
| email | | *email* | | | | | | | | |
| Phone no. | | *Phone no.* | | | | | | | | |
| Contact person for processing the file | Surname | | *Name* | | | | | | | | |
| First name | | *First name* | | | | | | | | |
| Role | | *Role* | | | | | | | | |
| email | | *email* | | | | | | | | |
| Phone no. | | *Phone no.* | | | | | | | | |

Done at *Please indicate location.*

On *Click here to enter a date*

Your signature

*Surname, first name*

# Identification of the requested type of flexibility services supply licence

|  |
| --- |
| General licence  Limited licence (only through its own facilities)  Do you want to be mentioned in the list of flexibility services licence owners published by the CWaPE?  Yes  No |

# Additional information about your activities for supplying flexibility services

|  |  |
| --- | --- |
| Targeted market segment (Article 10, no. 2) | Please provide a description of the activity for supplying flexibility services that you are planning and the source of the planned flexible resources (residential, professional, etc.)  Clic here to enter text |
| Activity (Article 10, no. 3) | Are you already active?  Yes  No  If the answer is no, when do you plan to actively begin your supply activities?  Trimester year |

# Criteria for granting the licence

**Simplified procedure (Article 15)**

A simplified procedure for granting a licence to supply flexibility services is permitted in the following cases:

If you are the **applicant** for a **limited licence** with a view to offering flexibility services from your own facilities, please provide:

1. a sworn declaration regarding the independence of management (Article 8): [see Annex 1 for a sample sworn declaration](#Annex1) ;
2. a sworn declaration that certifies that the applicant will offer flexibility services only from their own facilities (Article 15, §2, no. 4): [see Annex 2 for a sample sworn declaration](#Annex2);

or

If you are the **title holder** of a **licence to supply flexibility services,** which has been issued at the federal level and/or in another region, please provide:

1) the company’s consolidated articles of association (Article 4);

2) a copy of the licence to supply flexibility services that was issued by the federal government and/or another region (Article 15, §2, no. 1);

3) a sworn declaration that attests to the validity of the licence to supply flexibility services (Article 15, §2, no. 1): [see Annex 3 for a sample sworn declaration](#Annex3).

or

If you are the **title holder** of a **Walloon licence to supply electricity,** please refer to Chapter 5.

or

If you are the **title holder** of a **flexibility access contract** with at least one network manager, please provide:

1) the company’s consolidated articles of association (Article 4);

2) a copy of a flexibility access contract signed with a network manager (Article 15, §2, no.3);

3) a sworn declaration regarding the independence of management (Article 8): [see Annex 1 for a sample sworn declaration ;](#Annex1).

**Ordinary procedure**

The applicant for a licence to supply flexibility services who does not fall into one of the aforementioned categories must satisfy all of the following criteria:

* **Repute (Articles 5–7)**

Please provide:

* **a judicial/administrative affidavit** that proves you have not suspended or ceased activity, filed for bankruptcy, are not subject to a liquidation procedure, bankruptcy or judicial restructuring, dated within at least 3 months of the day on which the application was made (Articles 5 and 7, no.1);
* the **list** of members of the Board of Directors (or the equivalent body) and, where applicable, the executive committee + **an extract of a criminal record** **(or equivalent)** dated less than 3 months from the day the application was filed**, for each of these members** (where applicable, whether it is a company or its representative) **and, for the applicant company,** proving there has been no conviction in the 5 years before the application (Article 6, no. 1 and 7, no. 2): [see Annex 4 for a sample sworn declaration](#Annex4);
* A sworn declaration from the administrators (or equivalent) of the company, attesting to the absence of any serious failings in their professional activity (Article 6, no. 2 and 7, no. 4): [see Annex 5 for a sample sworn declaration](#Annex5);
* **an affidavit of payment for social security contributions** imposed by the Belgian legislation (ONSS) or a foreign legislation, dated within at least 3 months of the day on which the application was made (Article 6, no. 3 and 7, no. 3);
* **an affidavit of payment of both direct and indirect taxes**, dated within at least 3 months of the day on which the application was made (Article 6, no. 4 and 7, no. 3);
* **a sworn declaration** from the representative, in the context of this licence application, of the company that attests to the accuracy of the information provided in this file (Article 6, no. 5 and 7, no. 4): [see Annex 6 for a sample sworn declaration](#Annex6).
* **Judicial and managerial independence (Article 8)**

Please provide **a sworn declaration** that attests to the fact that the members of the managing body and, where applicable, the management of the supplier of flexibility services are independent from the managers of active networks in Belgium, excluding the managers of closed professional networks: [see Annex 1 for a sample sworn declaration](#Annex1) .

* **Technical capacities (Article 9)**

Please provide:

* **a list that establishes the scientific and professional qualifications** of the members of the company responsible for the flexibility;
* **a description of the technical means** planned for managing the flexibility and **the means implemented** to ensure compliance with the legal provisions in effect in this area (i.e. managing balance, flexibility access contract, etc.).

# 5. Summary list of supporting documents

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | You are applying for a general licence | | | | | You are applying for a limited licence |
| General procedure | You are the title holder | | | |
| FSP licence | Electricity licence | | Flexibility access contract |
| **Article** | | | 15, no. 1 | 15, no. 2 | | 15, no. 3 | 15, no. 4 |
| 4 | Consolidated articles of association | X | X | |  | X |  |
| 5  7, no. 1 | Affidavit regarding the absence of liquidation procedures, bankruptcy or judicial restructuring | X |  | |  |  |  |
| 6, no. 1  7, no. 2 | List of Board of Directors’ members and, where applicable, the executive committee + extracts of criminal records | X |  | |  |  |  |
| 6, no. 2  7, no. 4 | Sworn declarations regarding the absence of serious failings | X |  | |  |  |  |
| 6, no. 3  7, no. 3 | Affidavit of payment for social security contributions | X |  | |  |  |  |
| 6, no. 4  7, no. 3 | Affidavit of payment for direct and indirect taxes | X |  | |  |  |  |
| 6, no. 5  7, no. 4 | Sworn declaration regarding the absence of false statements | X |  | |  |  |  |
| 8 | Sworn declaration regarding the independence of management | X |  | |  | X | X |
| 9, no. 1 | List establishing the technical and professional qualifications of the members of the company responsible for the flexibility | X |  | |  |  |  |
| 9, no. 2 | Description of the technical means planned for managing the flexibility | X |  | |  |  |  |
| 9, no. 3 | Description of the means implemented to ensure compliance with legal provisions | X |  | |  |  |  |
| 10, no. 2 | Information about activities for supplying flexibility services | X | X | | X | X | X |
| 15, §2, no. 1 | Copy of the licence to supply flexibility services that was issued by the federal government and/or another region |  | X | |  |  |  |
| Sworn declaration attesting to the validity of the licence |  | X | |  |  |  |
| 15, §2, no. 3 | Copy of any flexibility access contract with one or more network managers |  |  | |  | X |  |
| 15, §2, no. 4 | Sworn declaration that certifies that the applicant will offer flexibility services only from their own facilities |  |  | |  |  | X |

# 6. Information about the follow-up to your application

In compliance with the application of Articles 10–13, your application will be processed in accordance with the following:

* Confirmation of receipt: within 15 days of receiving your application, CWaPE will issue a confirmation of receipt that confirms that your file is complete.

You may potentially be asked for additional documents/information; a reasonable deadline will be set, in which you will be requested to complete your application.

* Verification of the criteria: within one month from the confirmation of receipt that attests that your file is complete, CWaPE verifies that it meets the criteria. If the criteria are not met, a maximum deadline of one month will be established in which the applicant can sent their comments, justifications or any other additional information. CWaPE listens to the applicant who made the application.
* Notification of the decision: Within one month from the verification of the criteria, CWaPE notifies the applicant of its decision to grant or refuse the licence and publishes an extract on its website.

Contact person at CWaPE for follow-ups regarding your file:

Stéphane MARCHAND – [licence.fsp@cwape.be](mailto:licence.fsp@cwape.be) – 081 32 50 16

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ANNEX 1: INDEPENDENCE OF MANAGEMENT

Please attach a sworn declaration, signed by the person authorised to represent your company for the purposes of this application for a supplier’s licence, to be drafted based on the following sample.

|  |
| --- |
| I, the undersigned *Please indicate your surname and first name*, *Please indicate your role within the company*, being duly authorised to represent the company *Please indicate the full name of the company*, declare under oath that less than half of the members of the Board of Directors and the executive committee of the aforementioned company are independent from the managers of the active networks in Belgium.  For the purposes of the previous paragraph, an independent person indicates any individual who:  a) does not perform any role or activity – whether paid or otherwise – for a network manager and has not performed such a role or activity in the twelve months prior to his/her nomination as a supplier;  b) is not in receipt of any material advantage bestowed by a network manager, nor a connected or associated company that is likely to affect their judgement in the eyes of CWaPE.  This certificate is issued for all legal intents and purposes  Done at  On*Click here to enter a date*  Your signature  *Surname, first name* |

ANNEX 2: SUPPLY OF FLEXIBILITY SERIVCES SOLELY FROM OWN FACILITIES

|  |
| --- |
| I, the undersigned *Please indicate your surname and first name*, *Please indicate your role within the company*, being duly authorised to represent the company *Please indicate the full name of the company*hereafter referred to as the Company, declare under oath that the flexibility services supplied by the Company will be performed solely from the Company’s own facilities.  This certificate is issued for all legal intents and purposes  Done at  On *Click here to enter a date*  Your signature  *Surname, first name* |

Please attach a sworn declaration, signed by the person authorised to represent your company for the purposes of this application for a supplier’s licence, to be drafted based on the following sample.

ANNEX 3: VALIDITY OF THE LICENCE TO SUPPLY FLEXIBILITY SERVICES ISSUED BY THE FEDERAL GOVERNMENT AND/OR ANOTHER REGION

Please attach a sworn declaration, signed by the person authorised to represent your company for the purposes of this application for a licence to supply flexibility services, to be drafted based on the following sample.

|  |
| --- |
| I, the undersigned *Please indicate your surname and first name*, *Please indicate your role within the company*, being duly authorised to represent the company *Please indicate the full name of the company* within the context of this application for a licence to supply flexibility services, declare under oath that the licence to supply flexibility services that was issued by the federal government and/or another region, a copy of which is attached to Annex 3 of this document, is valid at the time of submitting this application.  Furthermore, I certify that:  the licence to supply flexibility services is valid for a so-called indeterminate period;  the licence to supply flexibility services is valid until *Click here to enter a date*  This certificate is issued for all legal intents and purposes  Done at  On *Click here to enter a date*  Your signature  *Surname, first name* |

ANNEX 4: ABSENCE OF JUDGEMENTS AGAINST THE CHIEF EXECUTIVE AND MEMBERS OF THE EXECUTIVE COMMITTEE

5.1. LIST OF MEMBERS OF THE BOARD OF DIRECTORS AND MEMBERS OF THE EXECUTIVE COMMITTEE

Please provide a list of members of the Board of Directors (or the equivalent body) and members of the executive committee (if a body like this is present in the company). Where the director is a legal individual, please indicate his/her name, as well as the surname and first name of the person authorised to represent him/her on the Board of Directors.

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| --- | --- |
| **Board of Directors (or equivalent)** | **Executive committee** |
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5.2. EXTRACTS FROM CRIMINAL RECORDS

Please attach, for the company and for each administrator (or equivalent) and member of the executive committee, an extract from a criminal record (or an equivalent document) – in its original form – dated within at least 3 months from the date on which the application was submitted. Where the director is a legal individual, please attach an extract from a criminal record for him/her as well, along with one for the person authorised to represent him/her on the Board of Directors.

ANNEX 5: ABSENCE OF SERIOUS FAILINGS

Please attach, for each administrator (or equivalent) – where applicable, if a company is involved, its representative – and member of the executive committee, a sworn declaration regarding the absence of serious failings, to be drafted based on the following sample.

|  |
| --- |
| I, the undersigned *Please indicate your surname and first name*, *Please indicate your role within the company*,declare under oath that I have never committed a serious error within the context of my professional activities.  This certificate is issued for all legal intents and purposes  Done at  On *Click here to enter a date*  Your signature  *Surname, first name* |

ANNEX 6: ABSENCE OF FALSE STATEMENTS

Please attach a sworn declaration, signed by the person authorised to represent your company for the purposes of this application for a licence to supply flexibility services, to be drafted based on the following sample.

|  |
| --- |
| I, the undersigned *Please indicate your surname and first name*, *Please indicate your role within the company*, being duly authorised to represent the company *Please indicate the full name of the company*within the context of this application for a licence to supply flexibility services, declare under oath that the information contained within this file is complete and accurate.  This certificate is issued for all legal intents and purposes  Done at  On *Click here to enter a date*  Your signature  *Surname, first name* |