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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.



MAST COMPENSATION CLAIM FORM

FOR OFFICE USE ONLY

Line name					
lumber of Eligible Masts	Pole Number		on of Mast	Agreement Number	
		Туре	Size		
Grantor Nu	ımber	Claim N	Number	Cost Object	
Granto Nu	innoci	Oiaiiii i	Tarribor	Oust Object	

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MAST COMPENSATION PAYMENT INSTRUCTION FORM

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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 Net The details requested in this			cheme by Direct Debit to the following Bank Account.
Bank Name (Irish Bank and	Credit Union)		
Bank Address			
Account Name			
Bank Account No	Bank Sort	Code BIC	*
IBAN*			
Note: *IBAN and BIC are ava	uilable on your bank state	ment or from your bank.	
2. DECLARATION			
Grantor Reference No (for one Name: (in block capitals) Address		er G followed by five digits G	
Signature:			Date:
Contact Number:			
3. INSTRUCTIONS			
Completed forms may be re Mast Administration, ESB			eepost, Co Westmeath, Ireland.
		discharge ESB Networks from vent that the bank account de	any further liability. tails submitted by you are incorrect.
FOr INTERNAL u SE ONLy			
Input by:	Date:	Checked by:	Date: