



Facility/Supplier Self-Report Attestation

Complete all fields.

Date	DD	MM	YYYY
Facility/Supplier Information	Legal Name		
	Primary Contact		
	Phone Number		
	Email Address		
	Address		

Data Collection

Complete all fields.

Covered Load Period* <i>(*Cannot exceed the Reporting Period defined in the LockUser's Procurement Invitation)</i>	Covered Load Period Start:	DD	MM	YYYY
	Covered Load Period End:	DD	MM	YYYY
Electricity Consumption Data	Total Electricity Load of the Facility/Supplier <i>(optional)</i>			MWh
	Brand's Fair Share Allocation (FSA)			MWh
Fair Share Allocation Methodology <i>Indicate methodology used to determine the Brand's Fair Share Allocation</i>	Physical			
	Economic			
	Standard Minute Value (SMV)			
	Other (please describe):			



Brand Statement

Complete all fields.

By signing this statement, the undersigned, as the authorized representative of the respective Brand, hereby attests to the accuracy, completeness, and truthfulness of the data and information reported. This attestation is provided in the context of the application for the Lock Two Three Label and signifies compliance with the requirements set forth by Lock Two Three.

The undersigned acknowledges acceptance of Lock Two Three's Privacy Policy and agrees that the information provided will be used by Lock Two Three for the purpose of facilitating services related to the Lock Two Three Label. It is understood that Lock Two Three may share this information with other organizations as necessary for the provision of these services.

The undersigned hereby agrees to indemnify and hold harmless Lock Two Three against any losses, claims, damages, or liabilities that arise from the provision of incorrect data by the Brand, whether such provision was accidental or malicious. The Brand commits to promptly notify Lock Two Three of any changes to the provided information and to report any unplanned changes at the earliest possible opportunity.

Signature of authorized Brand representative			
Name (<i>BLOCK CAPITALS</i>)			
Position			
Date	DD	MM	YYYY

Facility/Supplier Management Statement (Optional)

Complete all fields.

By signing this statement, the undersigned, representing the Facility/Supplier management, voluntarily attests to the accuracy and completeness of the data reported to the Brand in relation to the reporting company's operations at the designated location during the defined reporting period. This declaration supports the Brand's application for the Lock Two Three Label and reflects a commitment to data transparency and accuracy.

The undersigned also agrees to indemnify and hold harmless Lock Two Three against any and all losses, claims, damages, or liabilities resulting from inaccurate or incomplete data provided about the facility, whether such inaccuracies or omissions were made accidentally or with intent.

Signature of authorized Facility/Supplier representative			
Name (<i>BLOCK CAPITALS</i>)			
Position			
Date	DD	MM	YYYY