**Type X EIC Code application form**

**To**

**SNTGN TRANSGAZ SA**

**The Operating Division**

**The Commercial Unit**

**The Transmission Capacity Management**

*Select the appropriate option:*

registration of a new EIC code ( type X)

for data modification within the EIC code (type X)

for the deactivation of the EIC code(type X)

*\* Required*

**Current EIC code (Type X)**

*Fill in only in the case of data modification or code deactivation.*

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**WATT Code (Company tax identification number) \***

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**Name of the company** *\**

*Max 70 characters. Acceptable characters: alphanumeric characters and minus signs.*

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**Display name** \*

*Max 16 alphanumeric characters. Acceptable characters: capital Latin alphabet, 0-9 numbers, plus and minus signs, underscores.*

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**Reason of the request \***

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**Intended use of the code: \***

**National: YES**   **International: YES**

**NO**  **NO**

**Registered office\***

**Street\* Number\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**City\* Postal Code\***

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**Country\***

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**Name of the contact person \***

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**Phone \* Fax \***

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**E-mail\***

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**ACER code**

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**Party type**\*

*Select the appropriate option:*

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| --- |
| Direct Consumer |
| Distribution System Operator (DSO) |
| Grid Operator |
| LNG System Operator (LSO) |
| Market Operator |
| Network User |
| Producer |
| Storage System Operator (SSO) |
| Resource Provider |

Pri By the transmittal of this form the applicant undertakes to fully accept and comply with the provisions set forth in the: *The Energy Identification Coding Scheme (EIC) Reference Manual.*

Gas market participant who has applied for receiving or received an EIC code is obliged to notify

LIO ( *S.N.T.G.N Transgaz S.A Mediaș*), about any changes made to the data in the application immediately through applying for data modification or code deactivation.

I I agree that the personal data are stored in the database of the Local Office for EIC Codes Issuing and of the Central Office for EIC Codes Issuing.

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| ........................................................ | ........................................................ |
| name of the person authorised to represent applying Party | Signature and stamp of the person authorised to represent applying Party |
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Date of application *\**:

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| ***To be filled in by the Local Office for EIC Codes Issuing*** | | | |
| Allocated EIC code |  | | |
| Alocatted by | *S.N.T.G.N Transgaz S.A* | Date |  |
| Signature |  |