To: SNTGN Transgaz SA Mediaş

Investor Relations and Rating Agencies Department

The undersigned_____

domiciled in_____

_____

Holder's CNP / Passport ID _____

I hereby declare that I want the dividends for the fiscal year_____

transferred to the account no (IBAN)

opened with the bank_____

branch_____

account holder_____

I attach to the present payment request form of the net dividends by bank transfer a copy of the identity document.

Telephone:

E-mail:

Date: Signature: