**Type Y 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 Y)

for data modification within the EIC code (type Y)

for the deactivation of the EIC code(type Y)

*\* Required*

**Applying Party’s EIC code (type X)*\****

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**Current EIC code (Type Y) \***

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

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**Resource object name***\**

*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**

**Name of the contact person**\*

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**Phone \* Fax \***

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**E-mail\***

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**Type of zone**\*

*Select the appropriate option:*

Balance Group

Bidding Zone

Border Area

Control Area

Coordination Centrer

ITC

Local Market Area

Gas Market Area

Market Balance Area

Member State

Zonă Zone

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 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 |

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 |  |