**Formular aplicare Cod EIC tip Z**

**Către**

**SNTGN TRANSGAZ SA**

**Departamentul Operare**

**Direcția Comercială**

**Serviciul Managementul Capacităților de Transport**

*Selectați opțiunea dorită:*

înregistrarea unui nou cod EIC ( tip Z)

modificare unui cod EIC existent (tip Z)

dezactivarea unui cod EIC existent (tip Z)

*\* Obligatoriu*

**Codul EIC Existent (Tip X) \***

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**Codul EIC existent (Tip Z) \***

*Se va completa numai în cazul în care se dorește modificarea sau dezactivarea unui cod existent.*

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**Numele Punctului** *\**

*Max 70 caractere. Se acceptă caractere alfanumerice, spațiu și semnul minus .*

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**Display name** \*

*Max 16 caractere alfanumerice. Se acceptă completarea numai cu majuscule, cifre de la 0-9 și semnul minus.*

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**Motivația cererii \***

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**Modul de utilizare al codului: \***

**Național: DA**   **Internațional: DA**

**NU**  **NU**

**Nume persoană de contact**\*

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**Telefon \* Fax \***

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**E-mail\***

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**Tipul punctului**\*

*Selectați opțiunea corespunzătoare:*

Punct Comercial (Accounting Point)

Punct de Măsurare (Metering Point)

Punc de Conectare (Connection Point)

Punct de Interconectare Virtual (Virtual Interconnection Points (VIP))

Punct Virtual de Tranzacționare (Virtual Trading Points (VTP))

**Denumire operator sistem 1** *\**

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**Codul EIC de identificare operator sistem 1** *\**

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**Denumire operator sistem 2 \***

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**Codul EIC de identificare operator sistem 2 \***

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Prin transmiterea acestui formular, declar pe propria răspundere că am luat la cunoștință și sunt întru totul de acord cu prevederile [*Manualului de Referință privind schema de codificare pentru identificare în domeniul Energiei (EIC)*](file:///C:\Users\EIC_Reference_Manual.pdf).

Participanții la piața de gaze care solicită sau au solicitat un cod EIC sunt obligați să anunțe Biroul Local de Emitere Coduri EIC ( *S.N.T.G.N Transgaz S.A Mediaș)*, cu privire la orice modificare sau dezactivare a unui cod EIC existent.

Sunt de acord ca datele cu caracter personal să fie stocate în baza de date a Biroului Local de Emitere Coduri EIC și a Biroului Central de Emitere Coduri EIC.

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| ........................................................ | ........................................................ |
| Numele persoanei autorizate care aplică pentru un cod EIC | Semnătura și stampila persoanei autorizate care aplică pentru un cod EIC |
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Data*\**:

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| ***Se va completa de către Biroul local de alocare Coduri EIC*** | | | |
| Codul EIC alocat |  | | |
| Alocat de | *S.N.T.G.N Transgaz S.A* | Data |  |
| Semnătura |  |