**Type Z 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 Z)

for data modification within the EIC code (type Z)

for the deactivation of the EIC code(type Z)

*\* Required*

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

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

*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 the point**\*

*Select the appropriate option:*

Accounting Point

Metering Point

Connection Point

Virtual Interconnection Point (VIP)

Virtual Trading Point (VTP)

**Name of the system operator 1** *\**

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**EIC identification code, system operator 1** *\**

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**Name of the system operator 2 \***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**EIC identification code, system operator 2 \***

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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 |  |