

**The request for the reservation interruptible not-nominated injection capacity
on the daily level**

Applicant Storage System User	EIC code:	
	Personal identification number/VAT ID:	
<i>[Name, headquarters and address of the applicant -country/city/zip code/street/house number]</i>		
License registration number for current energy activity and the issue date		
Authorized person	Surname, name:	
	Telephone and fax:	
Commercial contact person	Surname, name:	
	Telephone and fax:	
	Cell phone:	
	E-mail:	
Person for nominations and operational contacts (0-24)	Surname, name:	
	Telephone and fax:	
	Cell phone:	
	E-mail:	
Link to the Contracted Service Confirmation under whose provisions standard bundled unit is contracted	<i>[SBU Confirmation number and date of signature]</i>	
Balance Group Responsible	Name and address:	
	Personal identification number:	
	EIC code:	
Date of request submission		
Request number:	<i>[Filled by the Operator]</i>	

Type of service	The period for which the service is contracted - term of service	
Interruptible not-nominated withdrawal capacity on a daily basis	from:	until:

Signature of the User's authorized person: