

Veslačka 2-4, 10 000 Zagreb

Form no.: Z- SBU-001/2017

Minimum of the binding SBU no.

## The request for the reservation of the standard bundled unit (hereinafter: SBU)

Applicant		EIC code:				
Storage System User		Personal identification number/VAT ID:				
[Name, headquarters and address of the applicant; country/city/zip code/street/house number]						
Number of the valid registration license for energy activities						
and the issue date						
Authorized person		Surname, name:				
		Telephone and fax:				
		Surname, name:				
Commercial contact person		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 valid Gas Storage Agree						
[Agreement number and signature date						
Contract period		From: To:				
Type of reservation		Annual				
Balance Group Responsible		Name and address:				
		Personal identification number:				
		EIC code:				
Date of submission request						
Number of the valid registration license for energy activities and the issue date						
Storage year	2017.	2018.	2019.	2020.	2021.	
Requested number of SBU*						

Signature by the authorized person of the Applicant:

<sup>\*</sup>Requested number of SBU/year can not be higher than available number of SBU/year published by Operator This request is a binding offer