

Request for the reservation of individual lease service of firm injection capacity

Applicant	EIC designation	
	Personal identification number / VAT ID:	
<i>[Name, headquarters and address of the applicant - country/city/zip code/street/house number]</i>		
Registration number of the license for performing energy activities and issuance date		
Authorised person	Surname, name:	
	Telephone, fax:	
Commercial contact person	Surname, name:	
	Telephone, fax:	
	Mobile phone:	
	E-mail:	
Person for nominations and operational contact (0-24)	Surname, name:	
	Telephone, fax:	
	Mobile phone:	
	E-mail:	
Connection to the Gas Storage Agreement	<i>[agreement number and date of signature]</i>	
Period for which the request is submitted	From: <i>[day, month, year]</i>	Until: <i>[day, month, year]</i>
	Type of reservation <i>[annual, monthly, daily]</i>	
Balance Group Responsible	Name and address:	
	PIN:	
	EIC designation	
Date when the request was submitted		
Request number	<i>[Filled by the Operator]</i>	

Type of individual firm service	Firm injection capacity;
Amount in kWh/day rounded up to a multiple of 100:	

Notarised and signed by the Operator's authorised person: