



Request for the booking unbundled firm service – lease working volume

Applicant	EIC designation		
	Personal identi	fication number / VAT ID:	
[Name, headquarters and address of t	he applicant; country/	city/postal code/street/house number]	
Registration number of the license for performing energy activities and issuance date			
Authorized 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 [agreement number and date of signature]			
Period for which the request	t is submitted	From: [day, month, year]	Until: [day, month, year]
Type of reservation [annual, monthly, daily]			
Balance Group Responsible		Name and address:	
		PIN:	
		EIC designation	
Date when the request was submitted			
Request number			[Filled by the Operator]
			[i iiiou by tile Operator]

Type of individual unbundled firm service:	Firm individual working volume
Amount in kWh rounded up to a multiple of 50 000:	

Notarized and signed by the Operator's authorized person: