**TO**

**GASTRANS d.o.o. NOVI SAD**

Narodnog fronta 12, 21000 Novi Sad, Republic of Serbia

**REQUEST FORM**

**for Access to GASTRANS d.o.o. NOVI SAD Transmission Network**

**(in line with Article 3.3. of the Network Code)**

1. Applicant.......................................................................................................................................

*(business name/company)*

Address of the registered seat......…………………………………………………………………….….....................

Country of incorporation …………………………………………………………………………………………………………

Company ID or registration number ………………………………..………………………………………………………

Tax Identification Number (PIB/TIN)………………… or equivalent number (optional) for foreign entities……………....................

E-mail address of the company ……………………………………………………………………………………………….

Number of a valid license issued by AERS to the Applicant for conducting of energy activity (in case Applicant is subject to obtaining AERS license) ……………………………………………………………………….

Represented by ............................................................................................................................

*(title, full name and position)*

Correspondence address ...............................................................................................................

phone. ...................... fax ........................... e-mail……………. .......................................................

Contact person…… ........................................................................................................................

*(full name and position)*

Bank account data ........................................................................................................................

In our capacity of:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Public supplier |  | Supplier |  | Non-household customer |

2. List of persons in charge of managing communication in the name of Applicant:

Name/business name ……………………………………………………………………………………….

Position/company ID or registration number ………………………………………………………….

E-mail………………………………………………………………………..

Phone………………………………………………………………………..

Level of responsibility/role under GEDP User Agreement ………………………………………………………………………..

*add additional persons if required*

Enclosures:

1. Prove of the registration with Capacity Booking platform (RBP)([www.rbp.eu](http://www.rbp.eu)) (optional);
2. copy (scan) of the original excerpt on registration of the Applicant containing actual business data registered in the registry of competent body on the date of the submission of Request for Access to the System, which excerpt must not be older than three (3) months as of the date of submission of Request for Access to the System, whereby foreign legal entity accompanies the copy (scan) of the original excerpt from the relevant register which is duly legalised, with the scan of the translation thereof into Serbian language verified by the authorized court translator.
3. evidence on authorization for the individual which signed the Request for Access to the System (Request Form and/or Statements), either in the form of management body decision or in the form of power of attorney, if the authorization is not evident from the copy of the excerpt on registered data
4. Signed Statements
5. State of Play Certificate of the Applicant or equivalent document in line with the national legislation of the country where the applicant is registered.

Date: ................................................................

APPLICANT: ..................................................

(signature)