

Letterhead of the applicant

CAPACITY REQUEST FORM FOR THE NON BINDING INCREMENTAL TRANSMISSION CAPACITY REQUEST

I. Company details

Please provide in the fields below contact information of your company as well as the representative(s) who can be contacted regarding the non-binding demand indication:

Company

Company name: _____

Address: _____

Street + No: _____

ZIP, town, country: _____

VAT number: _____

EIC of your company (X-code): _____

Contact person

Name of the authorised contact person: _____

Position: _____

Email-address: _____

Phone number: _____

Confidential data used for internal evaluation. These data will not be published.

Non-binding demand indications

Please fill in all information requested in the table below:

(i) Existing Interconnection Points

	FROM		TO		GAS YEAR/S	CAPACITY	INVOLVED TSOs	REQUEST SUBMITTED TO OTHER TSOs	CONDITIONS ²	NOTES ³
	EXIT CAPACITY		ENTRY CAPACITY							
ORDER NUMBER	ENTRY-EXIT SYSTEM	EXIT POINT NAME [TSOs may propose alternatives]	ENTRY-EXIT SYSTEM	ENTRY POINT NAME [TSOs may propose alternatives]	[YYYY/YYYY+1]	[(kWh/d)/y]	[indicate the TSO(s) involved in the transmission process]	[if YES, indicate TSO(s)] or [if NO, provide detailed information below ¹]		
1
2
3

¹ If NO, please elaborate:

² Elaboration of conditions (if any):

³ Elaboration of notes (if any):

(i) *New Interconnection Points*

	FROM		TO		GAS YEAR/S	CAPACITY	INVOLVED TSOs	REQUEST SUBMITTED TO OTHER TSOs	CONDITIONS ²	NOTES ³
	EXIT CAPACITY		ENTRY CAPACITY							
ORDER NUMBER	ENTRY-EXIT SYSTEM	EXIT POINT NAME <i>[TSOs may propose alternatives]</i>	ENTRY-EXIT SYSTEM	ENTRY POINT NAME <i>[TSOs may propose alternatives]</i>	<i>[YYYY/YYYY+1]</i>	<i>[(kWh/d)/y]</i>	<i>[indicate the TSO(s) involved in the transmission process]</i>	<i>[if YES, indicate TSO(s)] or [if NO, provide detailed information below¹]</i>		
1
2
3

¹ If NO, please elaborate:

² Elaboration of conditions (if any):

³ Elaboration of notes (if any):
