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| .............................................,  (Name of the System User)  ..............................................  (Company code and telephone) |
|  |

**MONTHLY CAPACITY BOOKING**

..........................201….

(submission date)

Acting in pursuance to Natural Gas Transmission Contract No ................ as of ..................20.... we hereby submit our monthly capacity booking.

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| --- | --- | --- |
| **Month** | **Entry/Exit point** | **Capacity, in kWh** |
| *……………..-201….* | *……………. GMS Exit point* |  |
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| System User's representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature) (position title and full name) |

**The capacity booking shall be submitted to AB Amber Grid:**

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| --- |
| E-mail. [nominations@ambergrid.lt](mailto:nominations@ambergrid.lt)  **Contact in case of questions:**  Tel. +370 5 236 01 23; +370 640 740 11 |
| **To be filled out by a representative of AB Amber Grid** |
| **CONFIRMATION**  ...........................................201…  (date of the approval)  representative of AB Amber Grid  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature) (position title and full name) |