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

**QUARTERLY CAPACITY booking**

..........................201….

(submission date)

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

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| --- | --- | --- |
| **Quarter**  | **Entry/Exit point**  | **Capacity, in kWh** |
| *Quarter …….., 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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| --- |
| Fax. +370 5 236 01 25E-mail. nominations@ambergrid.lt**Contact in case of questions:**Tel. +370 5 236 01 24; +370 5 265 86 35 |
| **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)  |