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

**YEARLY CAPACITY BOOKING**

..........................201…

(submission date)

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

|  |  |
| --- | --- |
| **Entry/Exit point** | **Yearly capacity required in kWh** |
| *…………………………… 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 25  E-mail. [nominations@ambergrid.lt](mailto: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) |