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| .............................................,(Name of the System User) ..............................................(Company code and telephone) |
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**DAILY CAPACITY BOOKING**

..........................201...

(submission date)

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

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| **Day** | **entry/exit point** | **Capacity required 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**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** ...........................................20… (date of the approval)representative of AB Amber Grid  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) (position title and full name)  |