**APPLICATION REQUEST FOR MAKING A TRANSACTION ON THE SECONDARY CAPACITY MARKET**

..........................2015

Please issue a notification to the natural gas transmission system users on the following gas transmission capacities sold / purchased on the secondary capacity market:

|  |  |
| --- | --- |
| Company Name and Address: |  |
| Company Code: |  |
| Contact Person: |  |
| Contact Person's Telephone No: |  |
| Contact Person's E-mail: |  |
| Entry/Exit Point | 3 entry points /3 exit points |
| Gas Transmission Capacity period FROM | 2015- |
| Gas Transmission Capacity Period UNTIL | 2015- |
| Gas Transmission Capacity Type | continuous / interruptible |
| Gas Transmission Capacity Quantity (MWh/day) |  |
| Total Capacity Splitting Into Smaller Units | possible/impossible |
| Capacities | procured / sold |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (position title) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) |

**Note:**

Filled out application request form shall be sent by e-mail to [pardavimai@ambergrid.lt](mailto:pardavimai@ambergrid.lt) or fax +370 5 2360850.