

**Power of attorney to act in the Information Exchange System
within the scope of utilisation of services
of Gas Transmission Operator GAZ-SYSTEM S.A.**

Acting on behalf of:

Company name: _____

Street: _____

ZIP City: _____

Commercial register number: _____

Competent register court: _____

hereinafter referred to as „Shipper“,

we hereby authorise Mr/Mrs:

First name and surname: _____

ID no.: _____

Proposed login: _____

E-mail: _____

Phone number: _____

Position: _____

Main office location: _____

hereinafter „IES User“,

to take on behalf of the Shipper any and all legal and factual actions in the Information Exchange System necessary to utilise services performed by Gas Transmission Operator GAZ-SYSTEM S.A., in particular to submit applications and declarations within the scope defined by the valid Transmission Network Code.

Date/signature of an authorised
representative of the Shipper

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