

**INSTRUCTION FOR FORM A
OF THE APPLICATION FOR PROVISION OF THE TRANSMISSION SERVICE**

1. Number of the application for provision of the gas transmission service, hereinafter the "Application" – to be filled out by GAZ – SYSTEM, herein after TSO (Transmission System Operator).
2. Date of Application submission to TSO – to be filled out by TSO.
3. Please check this field, if you apply for provision of new transmission service.
4. Please check this field, if modification of an earlier Application is required and indicate the date of such previous Application in the next field.
5. Please check this field, if you submit the Application to modify the existing transmission agreement (modification of the terms, extension, etc.) and fill out its number and date in the next fields.
6. Please provide full legal name of the entity submitting the Application, here in after referred to as the Applicant.
7. Please provide KRS number (court registration number) of the Applicant.
8. Please provide REGON number (statistical number) of the Applicant.
9. Please provide NIP number (tax identification number) of the Applicant.
10. Please provide the address of the registered office of the Applicant in the following fields.
11. Please check this field if the correspondence address of the Applicant is different than the address of the registered office, and provide the details in the following fields.
12. Please check this field, if the Applicant is a final consumer eligible to choose the gas seller.
13. Please check this field, if the Applicant is an energy undertaking and holds a gas transmission licence, and provide the licence number in the next field.
14. Please check this field, if the Applicant is an energy undertaking and holds a gas distribution licence, and provide the licence number in the next field.
15. Please check this field, if the Applicant is an energy undertaking and holds a licence for gas trading within the territory of Poland, and provide the licence number in the next field.
16. Please check this field, if the Applicant is an energy undertaking and holds a gas storage licence, and enter the licence number in the next field.
17. Please check this field, if the Applicant is an energy undertaking and holds a licence for gas trading outside the territory of Poland, and provide the licence number in the next field.
18. Please check this field, if the Applicant is an energy undertaking and holds a licence for LNG storage and regasification, and provide the licence number in the next field.
19. Please check this point, if the financial rating is awarded to the Applicant at the below listed level:
 - No lower than Baa 1 for the Moody's Agency,
 - No lower than BBB + for the Standard & Poors Agency,
 - No lower than BBB + for the Fitch Agency.
20. In case the financial rating is not awarded please specify the form of financial security (to be provided for an amount equal to two months' average estimated liabilities of the Applicant toward TSO in respect of the service to be provided), as selected from the following options:
 - cash deposit on a bank account indicated by TSO;
 - irrevocable and unconditional bank or insurance guarantee;
 - other irrevocable and unconditional form acceptable to TSO, securing due payments for the transmission service rendered by TSO.
21. do 27. Please provide name, surname and other necessary details of the authorised representative of the Applicant for day-to-day contact with TSO on matters concerning the Application.
28. Please enter the proposed starting date for provision of the transmission service by TSO.
29. Please enter the proposed ending date for provision of the transmission service by TSO.
30. Please specify the grade of gas fuel (E, Lw or Ls) to be transmitted as a part of the requested service to be provided by TSO.
31. Please enter the number of Entry Points (EN) to the system operated by TSO, to which the Applicant will deliver gas fuel for transmission as a part of the requested service.
32. Please enter the number of Exit Points (EX) from the system operated by TSO, from which the Applicant will receive gas fuel as a part of the requested service.
33. Please enter the first two years and the target year for provision of the transmission service.

34. Please enter the respective annual quantities (thousand m³/year) of gas fuel to be transmitted as a part of the requested service.
35. Please enter the respective values of contractual capacity (m³/h) for the gas fuel to be transmitted as a part of the requested service.
- 36.1 Please check this field if the requested service concerns transmission of additional quantities of gas fuel, exceeding the quantities delivered to the Applicant under the existing gas supply or transmission agreements, particularly with TSO or PGNiG SA or other energy undertakings.
- 36.2 Please check this field if the requested service concerns transmission of gas fuel delivered under a gas supply and transmission agreement with PGNiG SA, and the Applicant intends to divide this agreement into transmission and supply part. Please enter the number of the agreement the Applicant intends to divide in the next field.
- 36.3 Please check this field if the requested service concerns the change of the existing gas supply and transmission agreement by introducing a new gas supplier. Please indicate the number of the agreement the Applicant intends to change in the next field.
37. Please check this field if the Applicant has storage capacity in Underground Gas Storage facilities. If the Applicant has such storage capacity, please provide technical details of such capacity in a separate attachment to the Application.
38. Please check this field if there is other information that is material according to the Applicant and may influence the execution of the transmission service. This information should be enclosed in a separate attachment to the Application.
39. Please check this field if the Applicant is interested in provision of additional services by TSO. For detailed information on additional services that can be provided under separate agreements call +4822 560 1827.
40. Please check this field if the Applicant has attached the required current extract from the National Court Register (KRS) or from the records of business activity to the Application.
41. Please check this field if the Applicant has attached the required confirmation of the tax identification number (NIP) to the Application.
42. Please check this field if the Applicant has attached the required confirmation of the statistical number (REGON) to the Application.
43. Please check this field if the Applicant has attached documents confirming the authority of the signatories of the forms to represent and incur liabilities on its behalf, and such authority is not implied by the entry in the National Court Register or the records of business activity.

Form A should be signed by persons authorised to represent the entity.

**INSTRUCTION FOR FORM B1
OF THE APPLICATION FOR PROVISION OF THE TRANSMISSION SERVICE**

The following information should be provided at the top of the form, above the table:

- Name of the Applicant: Please provide full legal name of the entity submitting the Application (the same as in item 6 of Form A).
- Number of Application for provision of the transmission service – to be filled out by TSO.

The form is divided vertically in two sections:

- Table 1 – Parameters of the Entry Point(s), and
- Table 2 – Parameter of the Exit Point(s).

Each row in the table should contain information on **one Entry Point** or **one Exit Point** (this means that in each row that is filled out, the name of an Entry Point **or** an Exit Point should be entered).

Description of columns of the table:

Table 1 – PARAMETERS OF ENTRY POINT(S)

1. Row number.
2. Please enter subsequent years of transmission service provision.
3. Please enter the name of the Entry Point.
4. Please enter the locality – location of the Entry Point.
5. Please enter the commune – location of the Entry Point.
6. Please enter the name of:
 - the operator of the interconnected system at the Entry Point which connects the TSO network with the network of that operator, or
 - the supplier of natural gas, if the gas is delivered at the Entry Point directly from the supplier.
7. Please specify the name of the settlement point operator that will perform measurement and settlement tasks at the Entry Point on behalf of the Applicant.
8. Please specify the minimum delivery pressure (overpressure in MPa) in the winter season (October to March).
9. Please specify the minimum delivery pressure (overpressure in MPa) in the summer season (April to September).
10. Please specify the maximum delivery pressure (overpressure in MPa)
11. Please specify the gross calorific value [MJ/m³] of the gas delivered for transmission.
12. Please specify the water dew point temperature in the winter season Oct-Mar [°C] for the pressure in column 14.
13. Please specify the water dew point temperature in the summer season Apr-Sep [°C] for the pressure in column 14.
14. Please specify the reference water dew point pressure [MPa] for the pressure values in columns 12 and 13.
15. Please specify hydrogen sulphide content [mg/m³] in the gas to be delivered for transmission.
16. Please specify mercaptan sulphur content [mg/m³] in the gas to be delivered for transmission.
17. Please specify total sulphur content [mg/m³] in the gas fuel to be delivered for transmission.

Table 2 - PARAMETERS OF EXIT POINT(S)

1. Row number.
2. Please enter subsequent years of transmission service provision.
3. Please enter the name of the Exit Point.
4. Please enter the locality – location of the Exit Point.
5. Please enter the commune – location of the Exit Point.
6. Please enter the name of:
 - the operator of the interconnected system at the Exit Point which connects the TSO network with the network of that operator, or
 - the consumer of natural gas, if the gas is received from the Exit Point directly for the final consumer.
7. Please specify the name of the settlement point operator that will perform measurement and settlement tasks at the Exit Point on behalf of the Applicant
8. Please specify the minimum delivery pressure (overpressure in MPa) in the winter season (October to March).
9. Please specify the minimum delivery pressure (overpressure in MPa) in the summer season (April to September).
10. Please specify the maximum delivery pressure (overpressure in MPa).
11. Please specify the gross calorific value [MJ/m^3] of the gas delivered for transmission.
12. Please specify the dew point temperature in the winter season Oct-Mar [$^{\circ}\text{C}$] for the pressure in column 14.
13. Please specify the dew point temperature in the summer season Apr-Sep [$^{\circ}\text{C}$] for the pressure in column 14.
14. Please specify the reference water dew point pressure [MPa] for the pressure values in columns 12 and 13.
15. Please enter the poviat – the location of the Exit Point.
16. Please enter the voivodship – the location of the Exit Point.

Form B1 should be signed by persons authorised to represent the entity.

**INSTRUCTION FOR FORM B2
OF THE APPLICATION FOR PROVISION OF THE TRANSMISSION SERVICE**

The following information should be provided at the top of the form, above the table:

- Name of the Applicant: Please provide full legal name of the entity submitting the Application (the same as in item 6 of Form A)
- Number of Application for provision of the transmission service – to be filled out by TSO.

Each row in the table should contain information on **one Entry Point** or **one Exit Point** (this means that in each row that is filled out, the name of an Entry Point **or** an Exit Point should be entered).

If one Entry Point supplies multiple Exit Points, the parameters concerning the Entry Point should be given in the first row, and the parameters of the Exit Points supplied from this Entry Point should follow in the next rows.

If multiple Entry Points supply a single Exit Point, the parameters of the Entry Points should be given in consecutive rows and the parameters of the Exit Point supplied from these Entry Points should be given in the following row.

If multiple Entry Points supply multiple Exit Points, the parameters of the Entry Points should be given in consecutive rows, and, afterwards, the parameters of the Exit Points should be given in the following rows.

Description of columns in the table:

1. Row number.
2. Please enter subsequent years of transmission service provision
3. Please enter the name of the Entry Point.
4. Please enter the name of the Exit Point.
5. Please enter the Contracted Capacity [m^3/h], as per column 5 in Form B3.
6. Please specify the Annual Contracted Volumes [m^3/year], i.e. the quantities of gas to be delivered by the Applicant to the Entry Point or offtaken by the Applicant from the Exit Point during the entire year (the Annual Contracted Volumes should correspond to the sum of all Monthly Contracted Volumes in columns 7-18).
7. do 18. Please specify the Monthly Contracted Volumes [m^3/month] for each month, i.e. the quantities of gas to be delivered by the Applicant to the Entry Point or offtaken by the Applicant from the Exit Point during subsequent months of the year.

Form B2 should be signed by persons authorised to represent the entity.

**INSTRUCTION FOR FORM B3
OF THE APPLICATION FOR PROVISION OF THE TRANSMISSION SERVICE**

The following information should be provided at the top of the form, above the table:

- Name of the Applicant: Please provide full legal name of the entity submitting the Application (the same as in item 6 of Form A).
- Number of Application for provision of the transmission service – to be filled out by TSO.

Each row in the table should contain information on **one Entry Point** or **one Exit Point** (this means that in each row that is filled out, the name of an Entry Point **or** an Exit Point should be entered).

If one Entry Point supplies multiple Exit Points, the parameters concerning the Entry Point should be given in the first row, and the parameters of the Exit Points supplied from this Entry Point should follow in the next rows.

If multiple Entry Points supply a single Exit Point, the parameters of the Entry Points should be given in consecutive rows and the parameters of the Exit Point supplied from these Entry Points should be given in the following row.

If multiple Entry Points supply multiple Exit Points, the parameters of the Entry Points should be given in consecutive rows, and, afterwards, the parameters of the Exit Points should be given in the following rows.

Description of columns in the table:

1. Row number.
2. Please enter subsequent years of transmission service provision.
3. Please enter the name of the Entry Point.
4. Please enter the name of the Exit Point.
5. Please specify the daily Volume of gas [m^3/day] for the day with maximum load. The daily volume in column 5 should correspond to the sum of hourly gas volumes in columns 6-29.
- 6 do 29. Please specify hourly volumes of gas [m^3/h], i.e. quantities of gas to be delivered by the Applicant to the Entry Point or oftaken by the Applicant from the Exit Point in subsequent hours of the gas day with maximum load starting from 22.00 hours.
(gas day starts at 22.00 hours of the preceding day and end at 22.00 hours of the present day).

Form B3 should be signed by persons authorised to represent the entity.