

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

Acting on behalf of:

Company name: _____

Street: _____

ZIP code / City: _____

Commercial register number: _____

Competent register court: _____

hereinafter referred to as „Shipper“ ,

we hereby authorise Mr/Mrs:

First name and surname: _____

Login: _____

E-mail: _____

Phone number: _____

hereinafter „IES User“ ,

to take on behalf of the Shipper any and all legal and factual actions in the Information Exchange System necessary to use 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 and stamp of an authorised
representative of the Shipper

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