

Application for transfer of rights to transmission capacity

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| Application no:* | Application submission date:* |
| | |

Details of the Shipper releasing the transmission capacity (Capacity Transferor)

Details of the Shipper acquiring the released transmission capacity (Capacity Transferee)

| | |
|--------------|--------------|
| Name: | Name: |
| Address: | Address: |
| Postal code: | Postal code: |
| City: | City: |

Details of authorised contact person (Capacity Transferor)

Details of authorised contact person (Capacity Transferee)

| | |
|-------------------|-------------------|
| First name: | First name: |
| Name: | Name: |
| Title: | Title: |
| Telephone number: | Telephone number: |
| Fax number: | Fax number: |
| Email Address: | Email Address: |

Table 1. Information concerning the transfer of rights to transmission capacity

| No | Entry Point | | Exit Point | | Contracted capacity to be transferred [kWh/h] | BC* | Period | |
|----|-------------|------|------------|------|---|-----|-------------------|-----------------|
| | ID | Name | ID | Name | | | From (yyyy-mm-dd) | To (yyyy-mm-dd) |
| | | | | | | | | |
| | | | | | | | | |

BC* - bundled capacity

The Capacity Transferor requests that the rights to the transmission capacity specified in Table no. 1 above, acquired under a transmission contract signed with Gas Transmission Operator GAZ-SYSTEM S.A. be transferred for the benefit of the Capacity Transferee.

The Capacity Transferee having a transmission contract with Gas Transmission Operator GAZ-SYSTEM S.A. hereby declares its consent for the transfer of the transmission capacity specified in Table no 1 above for its benefit.

| | |
|--------------|----------------|
| Contract no: | Contract date: |
| | |

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|--------------|----------------|
| Contract no: | Contract date: |
| | |

Proposed financial security for the performance of the transaction between the Capacity Transferee and Gas Transmission Operator GAZ-SYSTEM S.A.:

Signatures of persons authorised to represent the Capacity Transferor

Signatures of persons authorised to represent the Capacity Transferee

* To be filled out by Gas Transmission Operator GAZ-SYSTEM S.A.