

Declaration of surrender of allocated capacity

Declaration no.:	Declaration submission date:*

Details of the Network User surrendering to the allocated capacity

Name:
ZUP code:
Address:
Postal code:
City:

Details of authorised contact person

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

Table 1. Information concerning the surrender of allocated capacity

No	Entry Point		Exit Point		Contracted capacity to be surrendered [kWh/h]	BC *	Contracted ability to be surrendered [kWh/h]	Product (From... To...)	Surrender date (From...) (yyyy-mm-dd)
	ID	Name	ID	Name					

BC* - bundled capacity

The Network User surrenders to capacities mentioned in Table 1 above that are purchased through transmission contract and capacity allocation concluded with the Gas Transmission Operator GAZ-SYSTEM S.A.

Contract no:	Contract date:
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Signatures of persons authorised to represent the Network User surrendering to the allocated capacity

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