

**TO
ICGB
Sofia, 23 George Washington Str.**

APPLICATION FORM for access to ICGB Natural Gas Interconnector

1. Applicant.....
(name/company)

Address/Head office

Uniform ID Code.....ID No. according to the Value Added Tax Act.....

Represented by
(full name and position)

Correspondence address
phone. fax e-mail.....

Contact person.....
(full name and position)

Bank account data

In our capacity of:

- Public supplier Network user/Registered party Industrial client
 Distribution company/DSO Production company

2. Available connection to the gas transmission network (applicable to production companies and non-household customers):

- Yes No

Enclosures:

1. Each Applicant must provide and to be align with all requirements for registration described in ICGB Network code according to Art. 9.2.
2. After revision and assessment of the provided documents ICGB will accept or reject Applicant application.
3. The applicant declares that he accepts to comply with all rules and conditions according to the ICGB Network code.

Date:

APPLICANT:
(signature)