

ACCESS CODE FOR TRANSMISSION

Attachment G:

Forms

Table of contents

Table of contents	2
G.1. Services Request Forms	34
1.1 G.1a – Services Request Form for Entry at Interconnection Points	34
1.2 G.1b – Services Request Form for Exit at Interconnection Points	4 5
1.3 G.1c – Services Request Form for Exit at End User Domestic Exit Points	5 6
1.4 G.1d – Services Request Form for Operational Capacity Usage Commitments	6 7
1.5 G.1e – Services Request Form for Wheeling Services	7 8
1.6 G.1f – Services Request Form for Zee Platform Services	8 9
1.7 G.1g – Services Request Form for Direct Line Services	9 10
1.8 G.1h– Services Request Form for Cross Border Delivery Services	10 11
1.9 G.1i – Services Request Form for Fix/Flex Rate Type at End User Domestic Exit	Points 12
1.10 G.1j – Services Request Form for Calendar Day Regime at End User Domestic Ex	cit Points
13	
1.11 G.1k – Services Request Form for Quality Conversion Services	14
1.12 G.11 – Services Request Form for ZTP Trading Services	15
1.13 G.1m – Services Request Form for Capacity Conversion Service	19 16
G.2. Services Confirmation Form	20 17
G.3. Assignment Form	21 18
G.4. Allocation Agreement	22 19
G.5. Form of Capacity Pooling Agreement	23 20
G.6 Grid User Details Form	30 27
G.7 TSO Details Form	33 30
G.8. Oversubscription and Buy-Back (CMP)	35 32
G.8a – Notification of Buy-Back	35 32
G.8b – Capacity Buy-Back Offer	36 33
G.8c – Result Capacity Buy-Back Offer	37 34
G.9 – Surrender of Capacity	38 35
G.10. Imbalance Pooling Form	39 36
	39 36
	18

G.1. Services Request Forms

1.1 G.1a – Services Request Form for Entry at Interconnection Points



Fluxys SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

	G.1a - Services Requ	G.1a - Services Request Form		
GRID USER :				
Company Name:		Date Request:		
Contact person: Phone:		STA Ref:		
Mobile: E-mail:		Your Ref:		

☑ ENTRY

Interconnection Point	Quantity	Start date	End date	
Interconnection Form	(kWh/h)	(dd/mr	n/yyyy)	
Interconnection Point	Quantity	Start date	End date	
Interconnection Folia	(kWh/h)	(dd/mr	n/yyyy)	
	•			
Interconnection Point	Quantity	Start date	End date	
interconnection Folia	(kWh/h)		n/yyyy)	
Interconnection Point	Quantity	Start date	End date	
interconnection Form	(kWh/h)	(dd/mm/yyyy)		
Interconnection Point	Quantity	Start date	End date	
interconnection Foint	(kWh/h)	(dd/mr	n/yyyy)	
Interconnection Point	Quantity	Start date	End date	
interconnection Form	(kWh/h)	(dd/mr	n/yyyy)	
Interconnection Point	Quantity	Start date	End date	
interconnection Foint	(kWh/h)		(dd/mm/yyyy)	

1.2 G.1b – Services Request Form for Exit at Interconnection Points



Fluxys SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

	G.11	o - Services Reques	t Form]
GRID USER :					
Company Name:			Date Reque	ot-	
Company Name. Contact person:			Date Reque	·St.	
Phone:			STA Ref:		
Mobile:					
E-mail:			Your Ref:		
✓ EXIT A	T INTERCONNECTION PO	NT			
		Quantity	Start date	End date	1
	Interconnection Point	(kWh/h)	(dd/mr		-
			(34777	,,,,,,	
					_
	Interconnection Point	Quantity	Start date	End date	
	micromiccion i ome	(kWh/h)	(dd/mr	n/yyyy)	
		Quantity	Start date	End date	1
	Interconnection Point	(kWh/h)	(dd/mr		
			'		
	Interconnection Point	Quantity	Start date	End date	
	interconnection 1 cmc	(kWh/h)	(dd/mr	n/yyyy)	
	Interconnection Point	Quantity	Start date	End date	
		(kWh/h)	(dd/mr	n/yyyy)	
]
					_
	Interconnection Point	Quantity	Start date	End date	
		(kWh/h)	(dd/mr	n/yyyy)	

G.1c - Services Request Form for Exit at End User Domestic Exit Points



Fluxys SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

		G.1c - T	ransportation Requ	est Form		
GRID USER	₹:					
Company Na Contact pers				Date Reque	st:	
Phone: Mobile:	son:			STA Ref:		
E-mail:				Your Ref:		
☑ End-Use	r Domestic Exit Point					
	NAME END-USER DOMESTIC POINT	GEL REF	Quantity	Start date	End date	
			(kWh/h)	(dd/mn	n/yyyy)	
L						
Γ			Quantity	Start date	End date]
	NAME END-USER DOMESTIC POINT	GEL REF	(kWh/h)	(dd/mn	n/yyyy)	
-						1
	NAME END-USER DOMESTIC POINT	GEL REF	Quantity (kWh/h)	Start date	End date	
ŀ			(KVVIIII)	(dd/mn	n/yyyy)	
L						
Γ	FUR USER ROMEOTIC	051 855	Quantity	Start date	End date]
	NAME END-USER DOMESTIC POINT	GEL REF	(kWh/h)	(dd/mn	n/yyyy)	

Quantity (kWh/h)

GEL REF

(dd/mm/yyyy)

Start date End date

(dd/mm/yyyy)

NAME END-USER DOMESTIC POINT

1.4 G.1d – Services Request Form for Operational Capacity Usage Commitments



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels >ne: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

		G.1d - Service	Request Form	n		
GRID USE	R:					
	Name:rson:			ate Reque	est:	
Phone: Mobile: E-mail:	F		S1	TA Ref:	P	
OCUC						
	AUCTION IP	AUCTION REF	AUCTION PI Start date E (dd/mm/y)	nd date	Quantity (kWh/h)	ocuc
Entry		AUC-				
Exit		AUC-	1			
	AUCTION IP	AUCTION REF	AUCTION PI	nd date	Quantity (kWh/h)	ocuc
		True				
Entry		AUC-	4 I			
Exit		NOC				
	AUCTION IP	AUCTION REF	Start date E	nd date	Quantity (kWh/h)	ocuc
		Luio				
Entry		AUC-	1 1			
Entry Exit		AUC- AUC-				
	AUCTION IP		AUCTION PI		Quantity (kWh/h)	осис
	AUCTION IP	AUC-	Start date E	nd date	Quantity (kWh/h)	ocuc
	AUCTION IP	AUC-		nd date		ocuc
	AUCTION IP	AUC-	Start date E	nd date		ocuc

1.5 G.1e – Services Request Form for Wheeling Services



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels ne: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

		G.1e - Service	Request F	orm		
GRID U	ISER :					
				Date Requ		
E-mail:						
☑ WHEE	LING		1			
	AUCTION IP	AUCTION REF	Start date	End date	Quantity (kWh/h)	WHEELING
Entry		AUC-				
Exit		AUC-				
			ALICTIO	N PERIOD		
	AUCTION IP	AUCTION REF			Quantity	WHEELING
			Start date	End date	(kWh/h)	
			(dd/mr	n/yyyy)		
Entry		AUC-			1	I
Exit		AUC-	1			
	AUCTION IP	AUCTION REF	Start date End date (dd/mm/yyyy)		Quantity (kWh/h)	WHEELING
			(*******	,,,,,,		
Entry		AUC-				
Exit		AUC-				
	AUCTION IP	AUCTION REF		N PERIOD	Quantity	WHEELING
			Start date		(kWh/h)	
			(dd/mr	n/yyyy)		
Entry		AUC-				<u> </u>
Exit		AUC-	1			
-Ait			1]

1.6 G.1f – Services Request Form for Zee Platform Services



Fluxys SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

		G.1	f - Services Re	quest Form	
GRID USER :					
Company Name				Date Request:	
Contact person:					
Phone:				STA Ref:	
Mobile:					
E-mail:				Your Ref:	
☑ ZEE PLATF	ORM		St	art date	
		Points		mm/yyyy)	
	1				
	2				
	3				

1.7 G.1g – Services Request Form for Direct Line Services



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

	G.1g - Transportation Reque	G.1g - Transportation Request Form			
GRID USER :					
Company Name:		Date Request:			
Company Name: Contact person:					
Phone:		STA Ref:			
Mobile: E-mail:					
E-mail:					

☑ DIRECT LINE

	(kWh/h)	(dd/mr	n/yyyy)
DIRECT LINE	Quantity	Start date	End date
DINECT LINE	(kWh/h)	(dd/m r	n/yyyy)
DIRECT LINE	Quantity	Start date	End date
·			
Disabilities	(kWh/h)	(dd/mm/yyyy)	
DIRECT LINE	Quantity	Start date	End date
· · · · · · · · · · · · · · · · · · ·			
01	(kWh/h)	(dd/m r	n/yyyy)
DIRECT LINE	DIRECT LINE Quantity	Start date	End date
·			-
DIRECT EINE	(kWh/h)	(dd/m r	n/yyyy)
DIRECT LINE	Quantity	Start date	End date

1.8 G.1h– Services Request Form for Cross Border Delivery Services



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50

G.1h - Services Request Form GRID USER: Company Name: Date Request: Contact person: Phone: STA Ref: Mobile: STA Ref: Mobile: Guantity (kWh/h) (dd/mn/yyy) Dunkirk LNG Terminal (DKB) Entry OCUC and associated Corss Border Delivery Service Quantity (kWh/h) (start date End date (kWh/h) (dd/mn/yyy) Dunkirk LNG Terminal - Quantity (kWh/h) (start date End date (kWh/h) (dd/mn/yyy)				Phone: +32 (0)2	282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com
Company Name: Contact person: Phone: Mobile: E-mail: Entry and associated Corss Border Delivery Service Interconnection Point Quantity (kWh/h)		G.1h - Servi	ices Request i	Form]
Contact person: Phone: Mobile: E-mail: Entry and associated Corss Border Delivery Service Interconnection Point Quantity (kWh/h) (dd/mm/yyy) Dunkirk LNG Terminal (DKB) Entry OCUC Quantity (kWh/h) Start date End date (dd/mm/yyyy) Quantity (kWh/h) Start date End date (dd/mm/yyyy)	GRID USER :				
Phone: Mobile: E-mail: Entry and associated Corss Border Delivery Service Interconnection Point Quantity (kWh/h) Start date End date (dd/mm/yyy) Dunkirk LNG Terminal (DKB) Entry OCUC and associated Corss Border Delivery Service OCUC Quantity (kWh/h) Start date End date (dd/mm/yyy)				Date Request:	
✓ Entry and associated Corss Border Delivery Service Interconnection Point Quantity (kWh/h) Start date End date (dd/mm/yyyy) Dunkirk LNG Terminal (DKB) Entry OCUC Quantity (kWh/h) Quantity (kWh/h) Start date End date (dd/mm/yyyy)	Phone: Mobile:			STA Ref:	
Interconnection Point Quantity (kWh/h) Dunkirk LNG Terminal (DKB) Entry OCUC and associated Corss Border Delivery Service Quantity (kWh/h) Start date End date (dd/mm/yyyy) Start date End date (dd/mm/yyyy)					
OCUC and associated Corss Border Delivery Service OCUC Quantity (kWh/h) (dd/mm/yyyy) Quantity (kWh/h) Start date End date (dd/mm/yyyy)	☑ Entry ar	nd associated Corss Border Del	ivery Servic	e	
OCUC and associated Corss Border Delivery Service OCUC Quantity (kWh/h) Glart date (dd/mm/yyyy)		Interconnection Point			3
OCUC Quantity (kWh/h) Start date End date (dd/mm/yyyy)		Dunkirk LNG Terminal (DKB) Entry]
OCUC (kWh/h) (dd/mm/yyyy)	✓ OCUC a	and associated Corss Border De		ice	_
(Garminy))))		ocuc			_
		OCUC Dunkirk LNG Terminal - Zeebrugge Beach	, ,	(33,,))))	_



	G.1h - Serv	ices Request	Form		
GRID USER :					
Company Name:			Date Reque	st:	
Contact person: Phone: Mobile:			STA Ref:		
E-mail:					
□ Enterior	and acceptated Cross Border Del	lissams Cameia	_		
☑ Entry a	and associated Cross Border Del	livery Servic	;e		
	Interconnection Point	Quantity (kWh/h)	Start date (dd/mm.	End date	
	Dunkirk LNG Terminal (DKB) Entry				
✓ OCUC	and associated Cross Border De	elivery Serv	ice		
	ocuc	Quantity (kWh/h)		End date	
	OCUC Dunkirk LNG Terminal - Zeebrugge	(KVVII/II)	(dd/mm	(УУУУ)	
	Cooc Burnark Lito Terrilliai - Zeebrugge	1			1

1.9 G.1i – Services Request Form for Fix/Flex Rate Type at End User Domestic Exit Points



		G	3.1i - Services Reques	t Form		
GRID USER Company N Contact per Phone: Mobile: E-mail:	lame:	Point			<u>-</u>	
	END-I	USER DOMESTIC POINT	Quantity (kWh/h)	Start date (dd/mm/yyyy)	# calendar years	Fix Flex Rate Type
[END-	USER DOMESTIC POINT	Quantity (kWh/h)	Start date (dd/mm/yyyy)	# calendar years	Fix Flex Rate Type
						Ш
	END-	USER DOMESTIC POINT	Quantity (kWh/h)	Start date (dd/mm/yyyy)	# calendar years	Fix Flex Rate Type
[END-I	USER DOMESTIC POINT	Quantity (kWh/h)	Start date (dd/mm/yyyy)	# calendar years	Fix Flex Rate Type
						Ш
	END-	USER DOMESTIC POINT	Quantity (kWh/h)	Start date (dd/mm/yyyy)	# calendar years	Fix Flex Rate Type

^{*} Note that the Fix/Flex Rate Type can only be attributed if all Grid Users active on the same End User Domestic Exit Point XP request the Fix/Flex Rate Type for the considered calendar year

1.10 G.1j - Services Request Form for Calendar Day Regime at End User Domestic Exit Points



Contact person: Phone: Wabile: E-mail: End-User Domestic Exit Point END-USER DOMESTIC POINT Start date # Calendar Query years Calendar Day Regime				G.1j - Services	Request For	m	
END-USER DOMESTIC POINT Start date (dd/mm/yyyy)	Company Nai Contact perso Phone: Mobile:	me: F				-	<u> </u>
END-USER DOMESTIC POINT Start date # Calendar Calendar Day Regime	End-User	Domestic Exit	Point				
END-USER DOMESTIC POINT Start date (dd/mm/yyyy) END-USER DOMESTIC POINT		END	-USER DOMESTIC POINT				
END-USER DOMESTIC POINT Continue				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
END-USER DOMESTIC POINT Start date (dd/mm/yyyy) END-USER DOMESTIC POINT		END	-USER DOMESTIC POINT				
END-USER DOMESTIC POINT (dd/mm/yyyy) years Regime						Ш	
END-USER DOMESTIC POINT Start date (dd/mm/yyyy) Start date (dd/mm/yyyy) Regime		END	-USER DOMESTIC POINT				
END-USER DOMESTIC POINT (dd/mm/yyyy) years Regime LJ						ы	
	Γ	END	-USER DOMESTIC POINT		-		
						Ш	
END-USER DOMESTIC POINT Start date # Calendar Day Regime Regime	Γ	END	-USER DOMESTIC POINT	Start date	# Calendar vears	Calendar Day Regime	

^{*} Note that the Calendar Day Regime can only be attributed if all Grid Users active on the same End User Domestic Exit Point request the Calendar Day Regime for the considered calendar year

1.11 G.1k – Services Request Form for Quality Conversion Services



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

	G.1k	- Services Request	Form	
GRID USER :				
Company Name: Contact person:			Date Request:	
Phone: Mobile: E-mail:			STA Ref:	
☑ Peak L	oad Quality Conversion bu		T = 111	_
	Bundled Units (SBU's)	Start date	End date m/yyyy)	_
		(dd/iii	пиуууу)	_
☑ Base L	oad Quality Conversion Se	ervice H -> L	End date	
	,(,	(dd/m	m/yyyy)	
☑ Seaso	nal Load Quality Conversio	T	End date	_
	Quantity(kWh/h)	Start date	End date m/yyyy)	_
		(uum		
✓ Quality	/ Conversion Service L -> H	l		_
	Quantity(kWh/h)	Start date	End date	
		(dd/m	m/yyyy)	
			L	

1.12 G.11 – Services Request Form for **ZTP TradingHub** Services



			G.1I - Service Reque	st Form		
GRID	USER :					
	Company Name:			Date Re	quest:	
Conta Phon	e:			STA Ref	f:	
Mobil	e:					
E-ma	il:					
☑ Hub	Services					
☑ Hub		h Services requested	Vasino	Start Date(*)		
☑ Hub	Hul	b Services requested	Yes/no -	Start Date(*) (dd/mm/yyyy)		
☑ Hub	Hul	b Services requested Frading Services	Yes/no -			
☑ Hub	Hui ZTP Physical	·	Yes/no			



		G.1I - Service Requi	est Form	
GRID USER :				
Company Name:			Date Request:	
Contact person:				
Phone:			STA Ref:	
Mobile:				
WODIIC.				
E-mail:				
E-mail: ZTP Trading	Services ZTP Trading Services	Yes/no	Start Date(*)	
E-mail: ☑ ZTP Trading	ZTP Trading Services	Yes/no	Start Date(*) (dd/mm/yyyy)	
E-mail:		Yes/no -		



		G.	1I - Service Req	uest Form	
GRIL	OUSER :				
Com	pany Name: act person:			Date Request	
Phor Mobi	ne: ile:			STA Ref:	P
E-ma	all:				
☑ Hul	o Services				
				2 2 (2)	
	Huk	Services requested	Yes/no	Start Date(*) (dd/mm/yyyy)	
		ach Physical Trading Services			
		rading Services			
	Lamber Marchania	Total Para Commission		1	

(*) The services are subscribed for an unlimited duration, as of Start Date

1.13 G.1m – Services Request Form for Capacity Conversion Service



Fluxys Belgium SA - Commercial Direction
Avenue des Arts 31 - B-1040 Brussels
one: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50
info.transport@fluxys.com

G.1m - Service Request Form for Capacity Conversion Service

Company N	lame:			Date Reque	est:		
,	son:						
Phone:	·			STA Ref:		·····	
Mobile:	·						
E-mail:							
Case 1 -	Conversion Unb	undled Capacity at	Fluxys Be	elgium's s	side		
Case 1 -	Conversion Unbu	REFERENCE Booked Services	-	elgium's s	Conve		l
Case 1 -		REFERENCE Booked Services (AUC-0000000 or	-			ntity	
		REFERENCE Booked Services	SERVICE	EPERIOD*	Conve Quan	ntity	
Dir.	BOOKED IP	REFERENCE Booked Services (AUC-0000000 or SRV-000000)	SERVICE	EPERIOD*	Conve Quan	ntity	
Dir.	BOOKED IP	REFERENCE Booked Services (AUC-0000000 or SRV-000000)	SERVICE	EPERIOD*	Conve Quan	ntity	
Dir. New Bundle	BOOKED IP IP ed Capacity contract deta	REFERENCE Booked Services (AUC-0000000 or SRV-000000)	SERVICE Start date (dd/mr	End date	Conve Quan	ntity	

$\ensuremath{\square}$ Case 2 - Conversion of Unbundled Capacity at Adjacent TSO's side

	BOOKED IP	REFERENCE	SERVICE	PERIOD	Converted	
		Booked Services	Start date	End date	Quantity (kWh/h)	
Dir.	IP		(dd/mm/yyyy)		` ′	
Existi	ng Unbundled Capacity contract detai	ls at the Adjacent T	SO**			
Unbu	Unbundled Capacity contract details at Fluxys Belgium's side (Entry, Exit, OCUC or Wheeling)***					

^{**} Fluxys Belgium is not responsible for checking the correctness of this information

must be equal to the standard product (really, additiony of monthly) as dequired on really

^{***} To be filled with Fluxys Belgium's reference to convert existing unbundled Services. Left blank to convert with additional capacity – subject to availability

G.2. Services Confirmation Form

	enale e plaje dje er de e paper, a liber i beneg is li er dishal i ke elektris i All arbene krenta e alibergent is tra krillin bis sis samet is b	on Plant and Plan								
Place rate the little into			New John House God Transmissis	maped of the Stand or Agrammad	and Transachulae A	y married	Fig. 40	ON TRANSPORTION AS FO	O USER	
		reference or reference	der im seriety o						PENCE	
	let's is world	ar man lay a	and soften						D.C. TE	
A circum										
	Heren make Schi	Siresian	Brigas Caris	Capes by Type	ReleType	Service S	h der	Quantity (Middle)		Diss (in 8
ET AT INTIME ONN	PCTON POINT									
Maria	t in contact his	Sheden	Bigo Com	Cappel to Type	Rein Type	Service 3		Curr (for (MONE)		School e St.
			-							
	OMPRIC FOT FORT									
Selector	Brillian Committed at Date (Streeter	Brigas Cords	Cages by Tyge	Rate Type	Device N		Curricity (MONE)	H2 N0 000 DAKE	Principle Bu
cuc										
Reference	Management of Science	2 has flor	Brigo a Carte	Capacity Type	Relatige	Zaroles S	Series*	Charles (2007)		Discribe 8
REFLIER										
Selection	Mesonolin Siris	O hear floor	Brigas Cario	Capacity Type	RateType	Inches	Desired	Curr Hy (Miller)		Principles
PPPLATED RM										
Patrone	Hi an arreal or Dains	Charles	Brigan C anti-	Capally Type	See Type	Device	- Barbari	Currently (MICHAE)	1	Dissolit
Actions	in an arrest or Pains	2 maries	Brigas C am	Cagasty Type	Make Type	To-con		Crewit/supply		D-m/la
Marine	Con resilie e Dainle	O has fine	Belg on Carlo	Capacity Type	Rate Type	Invited	Deter	Cuer Hy (Mithile)		Online (in 8
era. Render Sel	low y Receive									
Microso	Friends over the citylet	Sheder	Capacity	Rate System	Zen in De	-	0.en	my (settled)		
	Constant Oday Industri	Beiry	Fim	Yesty						
I R S PRI MC PRI										
									Hub Services F	
									at Regulated Ta (published on www.fuxys.o	
									www.tuxys.c	am beigam
	HUB	II BANCEI			Det 0	lais .				
							-			
	Į.									
· ·										
1										
'						n	Loga Delgiun	rS/Lddyrepresente	dby	
G	fdUwr, dulyrepresented by				Date					
G	f dU we, duly represented by									
G	d dU www, duly represented by					-				
G	d oll war, dully map aware and by				Name:					
G.	d du we, duly-represented by				Name: Position					
G:	d cluver, cutly requirement and by				Name:					
G	d cluw, culyrepainment at by				Name: Position Signature					
	d claw, culy requestrate by				Name: Position Signature Date					
	d claw, culy requirement at by				Name: Position Signature					

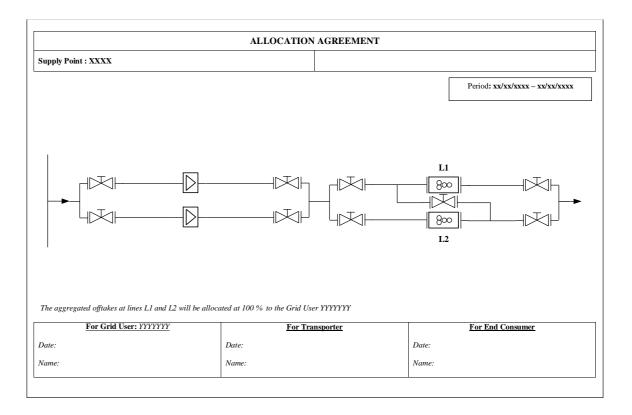
G.3. Assignment Form



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50

		G.3 - Assignment Reque	st Form					
GRID USE	ER (Assignor)							
Company Contact pe				Date Request:				
Phone: Mobile:	513011.			STA Ref:				
E-mail:				Ref Assignor				
GRID USE	ER (Assignee)							
Company				Date Request:				
Contact pe Phone: Mobile:	erson:			STA Ref:				
E-mail:				Ref Assignee				
Assignr	ment							
		Type of Assignment						
Ш	Full assignment							
L	_	ained payment obligations (*)						
		tt pursuant to the assignment agreement between the Assignor and the except for the payments with regard to the commodity fee.	e Assignee, the	payment obligation	ns in respect	of this assig	nment reques	st shall
Т	TYPE SERVICES	NAME SERVICES	CAPACITY TYPE	RATETYPE	Quantity (kWh/h)	Price	Start date	End date
			1175		(K 4411/11)		(dd/m	m/yyyy)

G.4. Allocation Agreement



2

G.5. Form of Capacity Pooling Agreement

Capacity Pooling Agreement Nr [•] Between [•] [•] [•] [TO BE COMPLETED WITH MORE PARTIES IF NEED BE]

This Capacity Pooling Agreement (the "Capacity Pooling Agreement") is made between:

(1)**FLUXYS BELGIUM NV/SA**, a company incorporated in Belgium, having its registered office at Avenue des Arts 31, 1040 Brussels, Belgium, registered at the Register for Legal Entities (RPR/RPM) under number 0402.954.628;

hereinafter referred to as "the TSO";

AND:

(2)[COMPANY 1], a company incorporated in [COUNTRY/STATE], having its registered office at [ADDRESS], registered with the [COMPANY REGISTER] under number [NUMBER];

hereinafter referred to as "[•]";

AND:

(3)[COMPANY 2], a company incorporated in [COUNTRY/STATE], having its registered office at [ADDRESS], registered with the [COMPANY REGISTER] under number [NUMBER];

hereinafter referred to as "[•]";

AND:

(4)[COMPANY 3], a company incorporated in [COUNTRY/STATE], having its registered office at [ADDRESS], registered with the [COMPANY REGISTER] under number [NUMBER];

hereinafter referred to as "[•]".

To the above parties may hereinafter be collectively referred to as the "Parties" and individually as a "Party".

WHEREAS:

- (A) $[\bullet]$, $[\bullet]$, $[\bullet]$ and $[\bullet]$ have each executed a Standard Transmission Agreement (STA) with the TSO.
- (B) The Parties wish to pool the capacities they have subscribed to under their Standard Transmission Agreements in respect of certain End User Domestic Exit Point, subject to and in accordance with the terms and conditions of this Capacity Pooling Agreement.

IN CONSIDERATION OF WHICH IT HAS BEEN AGREED THAT:

1. DEFINITIONS

Unless the context requires otherwise, capitalised terms in this Attachment G shall either have the meaning assigned to them in the Standard Transmission Agreement or shall have the following meaning:

- "Capacity Pooling Fee" shall mean the fees due to the TSO by the Parties to this Agreement, other than the TSO for the services provided by the TSO under this Agreement, in accordance with Article 3 of this Capacity Pooling Agreement.
- "Capacity Responsible Grid User" or "CRGU" shall mean, for a given End User Domestic Exit Point, the Party that assumes the role described under Article 2.3 of this Capacity Pooling Agreement.
- "End Date" shall mean the date defined as such in Appendix 1 of this Capacity Pooling Agreement.
- **"Priority Allocated Grid User"** or **"PAGU"** shall mean, for a given End User Domestic Exit Point, the Party that assumes the role described under Article 2.3 of this Capacity Pooling Agreement.
- "Start Date" shall mean the date defined as such in Appendix 1 of this Capacity Pooling Agreement.

2. CAPACITY POOLING

2.1 This Capacity Pooling Agreement shall neither alter nor amend the terms and conditions of the STA, which shall remain fully applicable between their respective Parties.

- 2.2 For the purpose of this Capacity Pooling Agreement, Appendix 1 to this Capacity Pooling Agreement lists the respective roles and ranks each Party shall assume in respect of the listed End User Domestic Exit Points.
- 2.3 Subject to the conclusion of an Allocation Agreement and/or an amendment of an existing Allocation Agreement in respect of the End User Domestic Exit Point(s) listed in Appendix 1 to this Capacity Pooling Agreement, and subject to such Allocation Agreement remaining in full force during the entire term of this Capacity Pooling Agreement, it is agreed that for the End User Domestic Exit Point(s) listed in Appendix 1 to this Capacity Pooling Agreement, as from the Start Date until the End Date:
 - (i) in accordance with the terms of this Capacity Pooling Agreement:
 - (a) the CRGU shall authorise the PAGU(s) to use all the MTSR subscribed by the CRGU on the relevant End User Domestic Exit Point(s); and,
 - (b) any PAGU shall authorise the CRGU and the other PAGU(s), if any, to use all the MTSR subscribed by such PAGU on the relevant End User Domestic Exit Points, if any;
 - the PAGU(s) and the CRGU shall send Nominations in respect of a End User Domestic Exit Point and, if applicable, renominations to The TSO, according to the Operating Procedures of the ACT. It is not allowed that at a given hour, for a given End User Domestic Exit Point, the sum of the energy flow rates exceeds the sum of the Available MTSR for the CRGU and the PAGU(s) at this End User Domestic Exit Point. In case of such an exceeding the TSO shall have the right to first cap the last received Nomination of the CRGU, subsequently the last received Nomination of the PAGU(s) in decreasing rank order so that the sum of the CRGU and PAGU(s) Nominations' shall not exceed the sum of the available MTSR for the CRGU and PAGU(s) at this End User Domestic Exit Point;
 - (iii) the CRGU and the PAGU(s) shall inform each other of their subscribed levels of MTSR at the End User Domestic Exit Point at the time of the Start Date of this Agreement and shall inform each other immediately of any changes of such level of MTSR during the entire period between the Start and End Date of this Agreement;
 - (iv) in case the sum of Exit Energy Allocations of the CRGU and the PAGU(s) exceeds the sum of Available MTSR of the CRGU and the PAGU(s) at a End User Domestic Exit Point, the Exit Energy Incentives, which shall then be calculated based on the sum of the Exit

Energy Allocation of the CRGU and the PAGU(s) at this End User Domestic Exit Point, shall be due by the CRGU;

- (v) notwithstanding the above, the CRGU and the PAGU(s) shall be liable vis-à-vis the TSO for the Incentive for Initial Exit Scheduling and Incentive for Last Exit Scheduling when applicable;
- (vi) note that in case the Fix/Flex Rate Type is attributed on an End User Domestic Exit Point with an active Capacity Pooling Agreement, the CRGU will be responsible for the payment of the flex component based on the Running Hours of the whole End User Domestic Exit Point and therefore will receive access to the final Allocations of the individual PAGU(s); and,
- (vii) the CRGU and the PAGU(s) are severally and jointly liable vis-à-vis the TSO in respect of the terms and conditions of this Capacity Pooling Agreement.

3. CAPACITY POOLING FEE

3.1 General

As from the Start Date, a Capacity Pooling Fee, expressed in Euros, shall be calculated and invoiced monthly by the TSO to each Party other than the TSO, according to the Regulated Tariffs as applicable from time to time.

3.2 Taxes

The Capacity Pooling Fee due under Article 3.1 is exclusive of any taxes, duties or levies of a similar nature. The TSO is entitled to add to the amounts due all taxes, duties or levies of a similar nature imposed on the TSO by any competent authority with respect to or affecting the services provided by the TSO under this Capacity Pooling Agreement (including but not limited to VAT, the levies of the CREG, excise or any taxes or levies whatsoever imposed by public authorities, but excluding taxes on income, profit and share capital).

4. TERM

This Capacity Pooling Agreement shall enter into force as from its execution by all Parties.

5. MISCELLANEOUS

Articles 6 (Invoicing and payment), 10 (Liability), 11 (Force Majeure), 18 (Changed Circumstances) and 20 (Disputes) of the STA, shall be applicable between the TSO and the other Parties in respect of their rights and obligations under this Capacity Pooling Agreement, but not between the Parties other than the TSO.

* * *

For The TSO:		
Name:	Name:	
Title:	Title:	
Date:	Date:	
For: [COMPANY 1]		
Name:	Name:	
Title	Title:	
Date:	Date:	
For : [COMPANY 2]	Duic.	
Name:	Name:	
Title	Title:	
Date:	Date:	
For: [COMPANY 3]		
Name:	Name:	
Title	Title:	
Date:	Date:	

APPENDIX 1: Allocation Agreement for Capacity Pooling @ End User Domestic Exit Point Service

ALLOCATION AGREEMENT	
End User Domestic Exit Point: [XXX] GEL N°: [YYY] Node: [ZZZ]	Grid Users: CRGU: [•] PAGU with rank1: [•] PAGU with rank2: [•] PAGU with rankn: [•]
Period : Start Date: [dd/mm/yyyy]	End Date: [dd/mm/yyyy]

[Picture of the End User End User Domestic Exit Point]

1. Priority Allocated Grid User rank 1:

If the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] are higher than the confirmed nominated quantity of PAGU with rank 1 for the relevant hour, the hourly allocation to PAGU with rank 1 will be equal to the nominated quantity of PAGU with rank 1 for the relevant hour.

If the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] are equal or below the confirmed nominated quantity of PAGU with rank 1 for the relevant hour, the hourly allocation to PAGU with rank 1 will be equal to the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] for the relevant hour.

2. Priority Allocated Grid User rank n:

If the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] are higher than the sum of the confirmed nominated quantities of PAGU with rank 1...n-1 for the relevant hour, the hourly allocation to PAGU with rank n will be equal to the minimum of the nominated quantity of PAGU with rank n and the difference between the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] and the sum of the confirmed nominated quantities of PAGU with rank 1...n-1 for the relevant hour.

If the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] are lower than the sum of the confirmed nominated quantities of PAGU with rank 1...n-1, the hourly allocation to PAGU with rank n will be equal to zero.

3. Saldo - Capacity Responsible Grid User:

If the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] are higher than the sum of the confirmed nominated quantity of PAGU(s) for the relevant hour, the hourly allocation to CRGU will be equal to the difference between the aggregated

hourly offtakes at lines [Relevant Lines of Node ZZZ] and the sum of the nominated quantity of PAGU(s) for the relevant hour.

If the aggregated hourly offtakes at lines [Relevant Lines of Node ZZZ] are equal or below the sum of the confirmed nominated quantity of PAGU(s) for the relevant hour, the hourly allocation to CRGU will be equal to 0.

For CI	RGU: [COMPA]	NY 1]		
Name:			Name:	
Title			Title:	
Date:			Date:	
	AGU with rank 1	1 : [COMPANY 2]		
		[
Name:			Name:	
Title			Title:	
Date:			Date:	
For PA	AGU with rank 2	2 : [COMPANY 3]		
Name:			Name:	
Title			Title:	
Date:			Date:	
	AGU with rank r	n:[COMPANY 4]		
1 01 11	100 ((1)11111111111111111111111111111111	[0011111111111		
Name:			Name:	
Title			Title:	
Date:			Date:	
For	r The TSO:			
Na	me:		Name:	
Tit			Title:	
Da			Date:	
	For End Consu	imer:		
	Name:	Name:		
	Title:	Title:		
	Date:	Date:		

Сомі	ANY
•	Company name:
•	Address:
•	Phone number:
•	Fax number:
•	The company is incorporated
	under the laws of:
•	Registered office:
•	Chamber of commerce:
•	City and Registration number:
•	Legally representatives (signature of the STA):
	1. Name:
	Function:
	2. Name:
	Function:
•	EAN Number ¹ :
ONT	ACTS
* * *	Contact name: Function: Address:
•	Phone number:
•	Fax number:
•	Mobile:
	Email address:
•	

¹ In case of your company will be active on Distribution Domestic Exit Points.

Back-up Commercial Contact:

•	Contact	name:
---	---------	-------

- Function:
- Address:
- Phone number:
- Fax number:
- Mobile:
- Email address:

Operational contact:²

- Contact name:
- Function:
- Address:
- Phone number:
- Edigas phone number:
- Fax number:
- Mobile:
- Email address:
- Dedicated Email address (Department or Team):

ICT contact:

- Contact name:
- Function:
- Address:
- Phone number:
- Fax number:
- Mobile:
- Email address:
- Dedicated Email address (Department or Team):

² Operational parameters (shipper's code...), communication protocol, ICT maintenance notices...

Invoic	ING
Main I	nvoicing
•	Company name:
•	Invoicing contact name:
•	Address:
•	Phone number:
•	Fax number:
•	Mobile:
•	Email address:
•	Bank name:
•	Bank address:
•	Account number:
•	IBAN Code:
•	BIC Code:
•	VAT number:
•	Register for Legal Entities
<u>Invoici</u>	ng Mailing Address
•	Company name:
•	First Name:
•	Surname:
•	Function:
•	Address:
Subscri	ption to E-Invoicing ³
	ownloading electronic invoices from the Electronic Data Platform (EDP))
•	Email address to receive notification of publication:
<u>Purcha</u>	se status:
•	☐ Taxable Dealer ⁴ or ☐ End Consumer

³ If not filled out, paper invoice will remain to be sent by post.

⁴ For purpose of VAT, a "taxable dealer" is defined in the Directive 2003/92/EC as a taxable person whose principal activity in respect of purchases of gas and electricity is reselling such products and whose own consumption of these products is negligible.

G.7 TSO Details Form

COMPANY

• Company name: FLUXYS BELGIUM S.A.

◆ Address: Avenue des Arts 31

1040 BRUSSELS

BELGIUM

- Phone number:
- Fax number:
- The company is incorporated

under the laws of:

- Registered office:
- Chamber of commerce:
- City and Registration number:
- VAT number:

CONTACTS

Commercial contact:

- Contact name:
- Function:
- Phone number:
- Fax number:
- Email address:

Administrative contact:

- Contact name:
- Function:
- Phone number:
- Fax number:
- Email address:
- Dedicated Email address Commercial Team:

Operational contact:

- Contact name:
- Phone number:
- Edigas phone number:
- Fax number:
- Email address:

G.8. Oversubscription and Buy-Back (CMP)

G.8a – Notification of Buy-Back



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

G.8a - Notification of Buy-Back

From: Fluxys Belgium

To: Grid Users holding Firm Transmission Services

Dear Grid User,

Please be advised that aggregated nominations exceed, or are predicted to exceed, the physical capability of the Interconnection Point [XXX] in the [positive/negative] direction ([Entry/Exit]) on gasday [DD/MM/YYYY] CET as from [DD/MM/YYYY hh:mm] till [DD/MM/YYYY hh:mm] CET included.

As you are a Grid User who is holding Firm Transmission Services on this Interconnection Point in the given direction, you are invited to enter the attached Capacity Buy-Back Offer offering to sell Firm Transmission Services for this period back to Fluxys Belgium.

All Capacity Buy-Back Offers received at the Buy-Back Closure Time [DD/MM/YYYY hh:mm] will be accepted from the lowest bid price limited to the Maximum Buy-Back Price until the required buy-back volume is met.

May we kindly ask you to fill in the attached Capacity Buy-Back Offer and to send it back before the Buy-Back Closure Time to Fluxys Belgium via dispatching@fluxys.com.

G.8b - Capacity Buy-Back Offer



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

			G.8b -	Capacity Bu	ıy-Back Offer	
From:	GRID USER :					
	Company Name:				Date Request:	
	Contact person:					
	Phone:				STA Ref:	
	Mobile:					
	E-mail:					
Dear Flu	uxys,					
gasday	[DD/MM/YYYY] as fi	rom [DD/MM	•	ill [DD/MM/Y		ative] direction ([Entry/Exit]) on mpany is offering to sell the
	Quantity (kWh/h	n)	Price (ct/kWh/h/Runt	time)		

G.8c - Result Capacity Buy-Back Offer



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

G.8c - Result Capacity Buy-Back Offer

From: Fluxys Belgium To: Grid User [XXX]

Dear Grid User,

Please find in the table herafter the result of the Capacity Buy-Back Offer you have submitted in order to sell Firm Transmission Services back to Fluxys Belgium

Interconnection Point	As from	Till (Included)	Contract Reference	Quantity (kWh/h)
	DD/MM/YYYY hh:mm	DD/MM/YYYY hh:mm		

G.9 – Surrender of Capacity



Fluxys Belgium SA - Commercial Direction Avenue des Arts 31 - B-1040 Brussels Phone: +32 (0)2 282 77 77 - Fax +32 (0)2 282 02 50 info.transport@fluxys.com

			G.9 - Surrender Req	uest	
From:	GRID USER :				
	Company Name:			Date Request:	
	Contact person:				
	Phone:			STA Ref:	
	Mobile:				
	E-mail:				
Dear Flu	xys,				
Grid Use	r [XXX] is willing to	surrender the following Tr	ansmission Services to	Fluxys Belgium.	
		<u> </u>		T	٦
As from		Till (Included)	Contract Reference	e Quantity (kWh/h)	
DD/MM	/vvvv	DD/MM/YYYY			7

G.10. Imbalance Pooling Form

			I	G.10 -	Imbalance Po	ooling Form				
GRID USER (Trai	nsferror)									
Company Name:						Date Req	uest:			
Contact person:										
Phone:						STA Ref:				
Mobile:										
E-mail:						Ref Trans	feror			
ODID HOED /T										
GRID USER (Trai	nsteree)									
Company Name:						Date Reg	uest:			
Contact person:										
Phone:						STA Ref:				
Mobile:										
E-mail:						Ref Trans	feree			
luck alamas D.	a a lim ar Cami	:								
Imbalance Po	ooling Serv	ice								
Start Date Transferor accepts	dd/mm/yyyy that its hourly lml	balance is tr				of the Transferee as				
Start Date Transferor accepts	dd/mm/yyyy that its hourly Imb that hourly Imbal	balance is tr	ransferred to i	the Grid User Ba transferred to it	s Grid User Bala		out in Section	3.10 of Attac	hment A of th	
Start Date Transferor accepts Transferee accepts This Form is made	dd/mm/yyyy that its hourly Imb that hourly Imbal de up in (place	balance is tr	ransferred to i	the Grid User Ba transferred to it on (date)	s Grid User Bala	ncing Position as sei	out in Section	3.10 of Attack	hment A of th ach party).	
Start Date Transferor accepts Transferee accepts	dd/mm/yyyy that its hourly Imb that hourly Imbal	balance is tr	ransferred to i	the Grid User Ba transferred to it	s Grid User Bala	ncing Position as sei	out in Section	3.10 of Attac	hment A of th ach party).	
Start Date Transferor accepts Transferee accepts This Form is made	dd/mm/yyyy that its hourly Imb that hourly Imbal	balance is tr	ransferred to i	the Grid User Ba transferred to it on (date)	s Grid User Bala	ncing Position as sei	out in Section riginal copie For and o	3.10 of Attack	hment A of th ach party).	ne ACT
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to i	the Grid User Ba transferred to it on (date) For and on the Transfer	s Grid User Bala	incing Position as se	riginal copie For and o Transmiss	3.10 of Attack s (one for each	hment A of the ach party). f the n Operator	re ACT
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date:	dd/mm/yyyy that its hourly Imil that hourly Imbal de up in (place	balance is tr	ansferred to I	the Grid User Battansferred to it on (date) For and on the Transfer Date:	s Grid User Bala	in three c	out in Section riginal copie For and o Transmiss	3.10 of Attac s (one for ea on behalf of sion Systen	hment A of the ach party). f the n Operato	re ACT
Start Date Transferor accepts Transferee accepts This Form is made For and on behathe Transferor Date: Company:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to I	on (date) For and on the Transfer Date: Company:	s Grid User Bala	in three c	riginal copie For and o Transmiss Date: Company:	3.10 of Attac s (one for ea on behalf of sion Systen Fluxys Bel	hment A of the ach party). f the n Operator	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to i	on (date) For and on the Transfer Date: Company: Name:	s Grid User Bala	in three c	riginal copie For and o Transmiss Date: Company: Name:	3.10 of Attac. s (one for each on behalf of sion System	hment A of the ach party). f the n Operator	r
Start Date Transferor accepts Transferee accepts This Form is made For and on behathe Transferor Date: Company:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to i	on (date) For and on the Transfer Date: Company:	s Grid User Bala	in three c	riginal copie For and o Transmiss Date: Company: Name:	3.10 of Attac s (one for ea on behalf of sion Systen Fluxys Bel	hment A of the ach party). f the n Operator	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to	on (date) For and on the Transfer Date: Company: Name:	s Grid User Bala	in three c	riginal copie For and o Transmiss Date: Company: Name: Function:	3.10 of Attac. s (one for each of the sion System Fluxys Belg.	hment A of the ach party). If the n Operator	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name: Function:	dd/mm/yyyy that its hourly Imbai that hourly Imbai de up in (place	balance is tr	ansferred to	on (date) For and on the Transfer Date: Company: Name: Function:	s Grid User Bala	in three c	riginal copie For and o Transmiss Date: Company: Name: Function:	3.10 of Attac. s (one for each of the sion System Fluxys Belg.	hment A of the ach party). If the n Operator	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name: Function: Signature:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to	on (date) For and on the Transfer Date: Company: Name: Function: Signature:	s Grid User Bala	in three o	riginal copie For and o Transmiss . Date: Company: Name: Function:	3.10 of Attac. s (one for each of the state	hment A of the	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name: Function: Signature: Date:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to	on (date) For and on the Transfer Date: Company: Name: Function: Signature:	s Grid User Bala	in three o	riginal copie For and o Transmiss Date: Company: Name: Function: Signature:	3.10 of Attac. s (one for each of the state	hment A of the	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name: Function: Signature: Date: Name:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to	on (date) For and on I the Transfer Date: Company: Name: Function: Signature: Date: Name:	s Grid User Bala	in three c	riginal copie For and o Transmiss Date: Company: Name: Function: Signature: Date: Name:	3.10 of Attac. s (one for each of the state	hment A of the	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name: Function: Signature: Date: Name:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to	on (date) For and on the Transfer Date: Company: Name: Function: Signature:	s Grid User Bala	in three o	riginal copie For and o Transmiss Date: Company: Name: Function: Signature: Date: Name:	3.10 of Attac. s (one for each of the state	hment A of the	r
Start Date Transferor accepts Transferee accepts This Form is made For and on behathe Transferor Date: Company: Name: Function: Signature: Date: Name: Function:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to i	on (date) For and on I the Transfer Date: Company: Name: Function: Date: Name: Function:	behalf of	in three c	riginal copie For and o Transmise Date: Company: Name: Function: Date: Name: Function:	3.10 of Attac	hment A of the	r
Start Date Transferor accepts Transferee accepts This Form is mad For and on beh the Transferor Date: Company: Name: Function: Signature: Date:	dd/mm/yyyy that its hourly Imbal that hourly Imbal de up in (place	balance is tr	ansferred to i	on (date) For and on I the Transfer Date: Company: Name: Function: Signature: Date: Name:	behalf of	in three c	riginal copie For and o Transmise Date: Company: Name: Function: Date: Name: Function:	3.10 of Attac	hment A of the	r

* * *