**Contact Detail Sheet**

LNG Agreements – Zeebrugge Terminal

Please select the Agreement you want to sign, then complete following data and return this document to info.LNG@fluxys.com :

|  |  |
| --- | --- |
| [ ]  Capacity Subscription Agreement (CSA) (ship unloading)[ ]  LNG Terminalling Agreement (LTA) (ship loading) | [ ]  LNG Transshipment Services Agreement (LTSA)[ ]  LNG Agreement for LNG Truck Loading (LTL) |

***Company details***

* Company name:
* Address:

* The company is incorporated
under the laws of:
* Registered office:
* Chamber of commerce:
* City and Registration number:
* Requested start date of the Agreement :    /   /
* Representative(s) (signature of the Agreement):
1. Name:

 Function:

1. Name:

 Function:

***Contractual notices - Main commercial role***

***Receives all notifications regarding transmission related matters as the first contact (e.g. Services Confirmations, consultations, ICT Maintenance, …)***

* Title: Mr./Mrs.
* Last Name:
* First Name:
* Job Title:
* Email address:
* General Email address

(Department or Team):

* Mobile:
* Phone:
* Fax:
* Address:

***Commercial back-up roles[[1]](#footnote-1)***

***Receives all notifications regarding transmission related matters as the second contact (e.g. Services Confirmations, consultations, ICT Maintenance, …)***

* Title: Mr./Mrs.
* Last Name:
* First Name:
* Job Title:
* Email address:
* General Email address

(Department or Team):

* Mobile:
* Phone:
* Fax:
* Address:

***Operational roles***

***Receives all notifications regarding operational related matters (e.g. operational settings, shipper code, communication channel, ICT maintenance notices…)***

* Title: Mr./Mrs.
* Last Name:
* First Name:
* Job Title:
* Email address:
* General Email address

(Department or Team):

* Mobile:
* Phone:
* Address:

***Nominations*** *(not applicable in case of Truck Loading Agreement)*

* Messages format: XML v4 / v5 / Edifact
* Communication: Edigas Code / EIC Codes
* Nominations process: Yourself / Shipper services company

***Operational contact - dispatching (24/7)***

* Phone:
* Fax:
* Email address:

***ICT roles***

***Receives all notifications regarding ICT related matters (e.g. ICT Maintenance, ….)***

* Title: Mr./Mrs.
* Last Name:
* First Name:
* Job Title:
* Email address:
* General Email address

(Department or Team):

* Mobile:
* Phone:
* Address:

***Communication Set-up***

* Title: Mr./Mrs.
* Last Name:
* First Name:
* Phone:
* Email address:

***Invoicing***

***Any notice which a Party is required, or permitted, to give pursuant to this Agreement or the LNG Access*** ***Code, including invoices…***

***Subscription to E-Invoicing***

*Allows downloading your original electronic invoices from the Electronic Data Platform (EDP)*

[ ]  Yes (recommended)

Original invoices will be published on the Electronic Data Platform (EDP). A notification E-mail containing a duplicate of the invoices, will also automatically be sent to the email address mentioned under Invoicing details.

[ ]  No

Original invoices will be sent by postal mail. Only duplicates will be available on the Electronic Data Platform (EDP).

***Invoicing details***

(This address will be mentioned on the invoice but the postal mail invoice will be sent to the Registered Office Address)

* Attention to:
* Email address:
* Mobile:
* Phone:
* Fax:
* Address: Registered Office Address
* Account number:
* IBAN Code:
* BIC Code:
* VAT number:

***Invoicing postal mail address***

(If required, the postal mail invoice can be sent to another address than the Register Office Address)

* Attention to:
* Address:

***Electronic Data Platform User Roles***

***For the online Electronic Data Platform, we require a Single Point Of Contact (SPOC\*) from your side (mandatory) :***

**\****Person(s) responsible for the management of roles on the Electronic Data Platform (EDP): (users in your company requiring access rights).*

* Last Name:
* First Name:
* Email address:
* Mobile[[2]](#footnote-2):
* Phone:
* Last Name:
* First Name:
* Email address:
* Mobile2:
* Phone:
* Last Name:
* First Name:
* Email address:
* Mobile2:
* Phone:

***Click here to download our user manual of this platform***

1. Please copy-paste to add multiple contacts for this role if desired. [↑](#footnote-ref-1)
2. Shall be used in order to send a SMS to the SPOC containing the password for getting access. [↑](#footnote-ref-2)