

Shipper name:

Address:

Type of Licence:

Portfolio code:

Edigas code:

Service under licence

Period

A/B/C:

Start date

End date ¹⁾

Customer start date:

TTF Subscription:

¹⁾ To be determined by shipper in accordance with conditions in the TSC

Authorized representative

Name:

Position:

Date:

Signature:

For and on behalf of:

Please send completed and duly signed form to: customerdesk@gastransport.nl

Or by regular mail to:

Gasunie Transport Services B.V.
Attn. Customer Desk
P.O. box 181
9700 AD Groningen
The Netherlands