[Additional Capacity Allocation Procedure in Lasów Point]

(Reference of Participant)

### SPECIMEN

# LICENSE SUBMISSION DECLARATION / LICENCE UNNECESSARY\*\*\*

We hereby declare that the business activity conducted by \_\_\_\_\_ (name of Participant<sup>\*</sup>) in the scope of \_\_\_\_\_<sup>\*\*</sup> requires / does not require<sup>\*\*\*</sup> obtaining a license for trading, distribution or transmission <sup>\*\*\*</sup> of gas.

The obtained license shall be submitted to the TSO GAZ-SYSTEM S.A. no later than within 15 days prior to the transmission services being performed<sup>\*\*\*\*</sup>.

\_\_\_\_, date \_\_\_\_--

(Place, date)

(Signature(s))

\*<sup>F</sup>Full name (company), full address of Participant.
\*\* Please complete these fields.
\*\*\* Cross out where necessary.
\*\*\*\* If applicable.

[Additional Capacity Allocation Procedure in Lasów Point]

MANAGEMENT BOARD

(Reference of Participant)

#### SPECIMEN

## DECLARATION OF MEETING RELIABILITY REQUIREMENTS

Acting as the Management Board \_\_\_\_\_\_ (name of Participant<sup>\*</sup>) we hereby declare that \_\_\_\_\_\_ (name of Participant<sup>\*</sup>) meets the reliability requirements to be able to take part in the Additional Capacity Allocation Procedure in Lasów Entry Point, namely:

- 1) has not suspended effecting its payments,
- 2) no bankruptcy or liquidation has been announced, no bankruptcy or liquidation proceedings have been instituted \_\_\_\_\_ (name of Participant<sup>\*</sup>).

\_\_\_\_\_, date \_\_\_\_\_

(Place, date)

(Signature(s))

\*<sup>F</sup>Full name (company), full address of Participant.

[Additional Capacity Allocation Procedure in Lasów Point]

(Reference of Customer)

### SPECIMEN

# DECLARATION OF GAS CUSTOMER AT THE EXIT POINT

We/I hereby declare that pursuant to the comprehensive contract \_\_\_\_\_\_<sup>\*\*</sup> No. \_\_\_\_\_<sup>\*\*</sup> dated \_\_\_\_\_<sup>\*\*</sup>, \_\_\_\_\_ (name of Customer<sup>\*</sup>) off-takes gas at the exit point \_\_\_\_\_<sup>\*\*</sup> and shall off-take gas in the entry point \_\_\_\_\_<sup>\*\*</sup>/ from \_\_\_\_\_ (name of Participant<sup>\*\*\*</sup>.

\_\_\_\_\_, date \_\_\_\_\_

(Place, date)

(Signature(s))

 \*<sup>F</sup>Full name (company), full address of Customer/Participant.
\*\* Please complete these fields.
\*\*\*\* If applicable.