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....
(Applicant's details – company name, address, REGON, NIP)

authorised contact person:

name and
surname: …………………………….
phone: …………………………..
e-mail: …………………………..

Gas Transmission System Operator GAZ-SYSTEM S.A.
02-337 Warszawa, ul. Mszczonowska 4

APPLICATION[1]

for the determination of the conditions of connection to a transmission network managed by Gas Transmission System Operator GAZ-SYSTEM S.A. ("TSO") for a Group C entity managing a liquefied natural gas facility.

1. We hereby apply for the connection to the transmission network managed by the Gas Transmission System Operator GAZ-SYSTEM S.A. for the following facility:

   ....
   (name - type)
   located in:
   ....,
   (address)
   from which we plan to supply gaseous fuel to the TSO's transmission system.

2. System points selected from the catalogue posted on the TSO's website: www.gaz-system.pl
   a) **physical entry point(s)** to the TSO's transmission system at which gaseous fuel will be off-taken: …………………………………………

3. The expected starting date for the delivery of gaseous fuel to the TSO's transmission system:

   ……........

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4. Quantities of gaseous fuel to be transmitted:

Quantities of re-gasified natural gas by gas year		Connection year	first year after connection	second year after connection	third year after connection	fourth year after connection	Target tenth year after connection
- max. annual	thousand m³/year[2]						
	thousand kWh/year						
- min. annual	thousand m³/year						
	thousand kWh/year						
- max. daily	m³/day						
	kWh/day						
- min. daily	m³/day						
	kWh/day						
- max. hourly (m³n/h)							
- min. hourly (m³n/h)							
- contracted capacity (m³/h)							[3]
- contracted capacity (kWh/h)							

4.1 For conversion from **m³** to **kWh** a value of **Hs$_{max}$ =** ………….. [kWh/m3] is provided on the Gas Transmission System Operator GAZ-SYSTEM S.A. website for the following exit point…………………………..

5. Composition of re-gasified natural gas to be delivered to the TSO's transmission system taking into account the potential parameter variability :

Composition of gaseous fuel[4]	connection year	first year after connection	second year after connection	third year after connection	fourth year after connection	Target tenth year after connection
Hydrogen sulphide (mg/m³)	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……
Oxygen (%mol/mol)	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……
Carbon dioxide (% mol/mol)	from …... to ……	from …... to ……	from …... to …….	from …... to …….	from …... to …….	from …... to …….
Mercury vapour (µg/m3)*	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….
Mercaptan sulphur (mg/m³)	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….
Total sulphur (mg/m³)	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….
Water dew point temperature for 5.5 MPa from 1 April to 30 September (°C)	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….	from …... to …….
Water dew point temperature for 5.5. MPa from 1 October to 31 March (°C)	from …... to …….	from …... to …….	from …... to……...	from …... to……...	from …... to……...	from …... to……...
Hydrocarbon dew-point temperature (°C)	from …... to …….	from …... to……...	from ……. to ……	from ……. to ……	from ……. to ……	from ……. to ……
Dust content of a particle greater than 10 µm (mg/m³)	from …... to …….	from …... to……...	from ……. to ……	from …... to …….	from …... to……...	from …... to ……
Calorific value (MJ/m3; kWh/m³)	from …... to …….	from …... to……...	from …... to ……	from …... to ……	from …... to ……	from …... to ……
Wobbe index variability for group E	from …... to …….	from …... to……...	from …... to ……	from …... to ……	from …... to ……	from …... to ……

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[2] m³/h, m³/year - volume flow rate under normal conditions
[3] connection capacity (m³/h)
[4] All values in the table, except for the water dew point temperature, should be given for normal conditions.

gaseous fuel (MJ/m³; kWh/m³)						
Wobbe index variability for subclass Lw (MJ/m³; kWh/m³)	from ..... to	from ..... to.........	from ..... to	from ..... to	from ..... to	from ..... to ......
Temperature variability of gaseous fuel supplied to the transmission system (°C)	from ..... to	from ..... to.........	from ..... to	from ..... to	from ..... to	from ..... to ......

6. Profile of the gaseous fuel delivery to the TSO's transmission system:

by quarter of a gas year:	(1.10-31.12) Q1	(1.01-31.03) Q2	(1.04-30.06) Q3	(1.07-30.09) Q4
% of annual off-take volume				

7. Pressure of the re-gasified natural gas at the point of delivery to the TSO's transmission system:

     a) minimum .... MPa,

     b) maximum .... MPa.

8. Description of requirements related to the commissioning of the liquefied natural gas facility to be connected to the TSO's transmission system:

....

9. Does the Entity hold the licence (or a promise of the licence) adequate to its business activity:

          - Yes   ☐
          - No   ☐

10. Other information relevant to the determination of the connection conditions:

..…………………………………………………………………………………….…………………………
……
……
……
………………………………………………………………………………..

11. Requirements concerning gas quality parameters or conditions of its transportation, if different than those set out in the Transmission Network Code.

..…………………………………………………………………………………….…………………
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……
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……..

12. To this Application, the following documents shall be attached:

a) plot or area development plan prepared on the basis of a current base map or an individual map accepted to the national land surveying and cartographic resources, specifying the equipment, systems or networks to be connected,

b) current extract from the register of business activity or the National Court Register (KRS) and a power of attorney confirming the power of the signatories of the Application to represent the Applicant, unless such power results from the above-mentioned documents,

c) Information clause concerning personal data protection

NOTE: The Application form should be signed by the person(s) authorised to represent the Applicant in accordance with the current extract from the Register of Entrepreneurs (KRS) or a person holding a Power of Attorney, and bear their name stamp.
If the application is signed by a person holding an appropriate power of attorney, please attach a document confirming the granting of such PoA.

All copies of submitted documents should be certified as true to the original by a legal counsel, notary public or an authorised representative of the Applicant.

……………………………	…………………………	………………………………………………………
place	date	signature(s) and stamp(s) of the Applicant(s)