**Formular aplicare Cod EIC tip X**

*Selectați opțiunea dorită:*

înregistrarea unui nou cod EIC ( tip X)

modificare unui cod EIC existent (tip X)

dezactivarea unui cod EIC existent (tip X)

*\* Obligatoriu*

**Codul EIC existent (Tip X)**

*Se va completa numai în cazul în care se dorește modificarea sau dezactivarea unui cod existent.*

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**Codul de TVA (CIF) \***

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**Numele societății** *\**

*Max 70 caractere. Se acceptă caractere alfanumerice, spațiu și semnul minus .*

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**Display name** \*

*Max 16 caractere alfanumerice. Se acceptă completarea numai cu majuscule, cifre de la 0-9 și semnul minus.*

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**Motivația cererii \***

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**Modul de utilizare al codului: \***

**Național: DA**   **Internațional: DA**

**NU**  **NU**

**Sediul Social \***

**Strada\* Număr\***

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**Oraș\* Cod Poștal\***

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**Țara\***

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**Persoana de contact \***

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**Telefon \* Fax \***

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**E-mail\***

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**Codul ACER \***

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**Rol partener**\*

*Selectați opțiunea corespunzătoare:*

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| Consumator Direct (Consumer) |
| Operator Sistem de Distribuție (Distribution System Operator (DSO)) |
| Operator de Rețea (Grid Operator) |
| Operator Sistem GNL (LNG System Operator (LSO)) |
| Operator de Piață (Market Operator) |
| Utilizator de Rețea (Network User) |
| Producător (Producer) |
| Operator Sistem de Înmagazinare (Storage System Operator (SSO)) |
| Furnizor (Resource Provider) |
|  |

Prin transmiterea acestui formular, declar pe propria răspundere că am luat la cunoștință și sunt întru

totul de acord cu prevederile *Manualului de Referință privind schema de codificare pentru identificare în domeniul Energiei (EIC)*.

Participanții la piața de gaze care solicită sau au solicitat un cod EIC sunt obligați să anunțe Biroul Local

de Emitere Coduri EIC (*S.N.T.G.N Transgaz S.A Mediaș*), cu privire la orice modificare sau dezactivare a unui cod EIC existent.

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| ........................................................ | ........................................................ |
| Numele persoanei autorizate care aplică pentru un cod EIC | Semnătura și ștampila persoanei autorizate care aplică pentru un cod EIC |
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Data*\**:

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| ***Se va completa de către Biroul local de alocare Coduri EIC*** | | | |
| Codul EIC alocat |  | | |
| Alocat de |  | Data |  |
| Semnătura |  |