**Formular aplicare Cod EIC tip Y**

**Către**

**SNTGN TRANSGAZ SA**

**Departamentul Operare**

**Direcția Comercială**

**Serviciul Managementul Capacităților de Transport**

*Selectați opțiunea dorită:*

înregistrarea unui nou cod EIC ( tip Y)

modificare unui cod EIC existent (tip Y)

dezactivarea unui cod EIC existent (tip Y)

*\* Obligatoriu*

**Codul EIC Existent pentru care se face aplicarea (Tip X) \***

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**Codul EIC existent (Tip Y) \***

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

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**Numele Zonei** *\**

*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**

**Nume persoană de contact**\*

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**Telefon \* Fax \***

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**E-mail\***

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**Tipul zonei** \*

*Selectați opțiunea corespunzătoare:*

Grup de Echilibrare (Balance Group)

Zonă de Licitație (Bidding Zone)

Zonă de Graniță (Border Area)

Zonă de Control (Control Area)

Centru de Coordonare (Coordination Centrer)

ITC

Piața de Gaze Locală (Local Market Area)

Piața de Gaze (Market Area)

Zona de Echilibrare Piață (Market Balance Area)

Stat Membru (Member State)

Zonă (Zone)

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)*.](https://www.entsoe.eu/fileadmin/user_upload/edi/library/downloads/EIC_Reference_Manual.pdf)

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.

Sunt de acord ca datele cu caracter personal să fie stocate în baza de date a Biroului Local de Emitere Coduri EIC și a Biroului Central de Emitere Coduri EIC.

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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 | *S.N.T.G.N Transgaz S.A* | Data |  |
| Semnătura |  |