**Formular aplicare Cod EIC tip V**

**Către**

 **SNTGN TRANSGAZ SA**

**Departamentul Operare**

**Direcția Comercială**

**Serviciul Managementul Capacităților de Transport**

*Selectați opțiunea dorită:*

înregistrarea unui nou cod EIC ( tip V)

 modificare unui cod EIC existent (tip V)

 dezactivarea unui cod EIC existent (tip V)

*\* Obligatoriu*

 **Codul EIC Existent (Tip X)*\****

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**Codul EIC existent (tip V)**

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

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**Numele obiectului resursă** *\**

*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**

**Adresa locației**

**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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**Tipul punctului**\*

*Selectați opțiunea corespunzătoare:*

Punct Final (End Point)

Sistem IT (IT-System)

Locație (Location)

 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 |  |