



TIGF

BINDING TRANSMISSION CAPACITY REQUEST

SHORT-TERM CAPACITY

2nd PHASE

LARRAU INTERCONNECTION POINT

To be filled by the TSO

Request No.:

Reception date :

Request No. of related request on the 1st Allocation Phase:

Identification of initial capacity request

Identification code of the Initial Allocation of Capacity (submitted by the TSO):

Identification data of requesting parties

SHIPPER 1 (FRANCE)

Name of the company requesting access: _____

Address: _____ N°: _____

Town: _____ Province: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Requests capacity as: Shipper Eligible customer:

SHIPPER 2 (SPAIN)

Name of the company requesting access: _____		
C.I.F.: _____		
Address: _____	Nº: _____	
Town: _____	Province: _____	Zip code: _____
Phone: _____	Fax: _____	E-mail: _____
Requests capacity as:	Shipper <input type="checkbox"/>	Eligible customer: <input type="checkbox"/>

Request data

Second Phase options (PLEASE CHOOSE ONE OPTION ONLY):

<input type="checkbox"/>	I accept the initial allocation of capacity and I do not wish to participate in the allocation of capacities freed up by other participants during the Second Phase.
	I understand that I will be allocated at the end of the Second Phase the same capacity that has provisionally been allocated to me at the end of the First Phase.
<input type="checkbox"/>	I accept the initial allocation of capacity and I wish to participate in the allocation of capacities freed up by other participants during the Second Phase.
	I understand that I will be allocated at the end of the Second Phase the capacity that has provisionally been allocated to me at the end of the First Phase, plus a fraction of the capacities freed up by other participants during the Second Phase.
<input type="checkbox"/>	I renounce to the total amount of capacity allocated to me at the end of the First Phase, and I renounce to participate in the Second Phase.

Signature and request date

Signature: _____
Mr./Mrs.: _____
Position: _____
Date: _____

Submission of the request

This Capacity Request Form must be submitted by registered letter with acknowledgement of receipt:

- by SHIPPER 1 (shipper or eligible customer in France) to TIGF

TIGF S.A.

backoffice-atr@tigf.fr

Att. : Direction Developpement et Commerce – Gestion Commerciale - Back Office

49, Avenue Dufau

BP 522 - 64010 Pau Cedex

France

- by SHIPPER 2 (shipper or eligible customer in Spain) to Enagás

Att. Fernando Impuesto Nogueras

Director de Gestión ATR

Enagás Transporte, S.A.U.

Paseo de los Olmos, 19

28005 Madrid