UAB GET Baltic

Gelezinio Vilko st. 18A,

LT-08104 Vilnius, Lithuania

**REQUEST FOR**

**GRANTING THE STATUS OF THE PARTICIPANT**

     -     -

I hereby request to grant the status of the participant of UAB GET Baltic natural gas exchange(hereinafter - the Exchange):

|  |
| --- |
| **Legal person** |
| Company name |       |
| Company code |       |
| VAT number |       |
| Address |       |
| Phone |       |
| Email |       |
| Website address |       |
| EIC code |       |
| ACER code |       |
| The head of the legal entity or the person authorized to sign the contract: | Position |       |
| Name, Surname |       |
| Basis of representation |       |

Other required information related to the entity submitting the application for the status of a Participant:

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| 1. **Information on the market areas where the entity would like to trade and information on the agreements with the transmission system operators, regarding the transmission services or other agreements specifying the balancing conditions**
 |
| **Market area** | **Agreement no. and date of issue** |
| [ ]  | Lithuanian market area |       |
| [ ]  | Latvian - Estonian market area |       |
| [ ]  | Finnish market area |       |
| 1. **Settlement**
 |
| Bank name |       |
| Bank code |       |
| Bank account no. |       |
| Email to which invoices shall be sent |       |
| Contact information of a person responsible for settlement and billing: | Name |       |
| Surname |       |
| Email |       |
| Telephone |       |
| Self-billing invoices series |       |
| Self-billing invoices initial number |       |
| Lithuanian VAT number (if any) |       |
| Do you have representative office in Lithuania? | [ ]  Yes | [ ]  No |
| Do you have employees working in Lithuania? | [ ]  Yes | [ ]  No |

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| 1. **Authorized persons**
 |
| 1. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
|  |
| 2. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
|  |
| 3. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
|  |
| 4. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
|  |
| 5. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
|  |
| 6. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
|  |
| 7. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| Email |       |
| Person is authorised to: | [ ]  Submit orders | [ ]  Monitor trading only |
| 1. **Information on the possibility to order an additional service: Monitoring service of data reporting to ACER of natural gas standard contracts, traded at UAB GET Baltic natural gas exchange**
 |
| [ ]  | Order | [ ]  | Refuse |

* 1. The fee for the service referred to in Clause 4 of this request is set out in Annex No. 2.1 Data Reporting Service Fees and Applicable ACER Fees.
	2. The service referred to in Clause 4 of this request is ordered by checking the box next to „Order“.
	3. More detailed information of the service referred to in Clause 4 of this request can be found Service Annex No 1.1 to Data Reporting Services Agreement.

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| 1. **E-mail addresses to which information messages about transactions fulfilled on behalf of the Exchange Participant are requested to be sent**
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| 1. |       |
| 2. |       |

1. **By signing this agreement:**
	1. I declare that I have read the Regulation of Trading on the Natural Gas Exchange (hereinafter – Regulation) and clearly understood the provisions thereof.
	2. I confirm that authorized persons indicated in clause 3 of this request have read the Regulation and they clearly understood the provisions thereof.
	3. I agree that UAB GET Baltic has the right to request additional information needed to evaluate the possibility of granting the status of the Participant.
	4. I shall immediately notify UAB GET Baltic about any changes of the information provided in this Request, which will have occurred after the submission of the request.
	5. I declare that the provided information is comprehensive and correct.
	6. I confirm that I have obtained the consent of all the authorized persons specified in this Request to the Exchange to process their personal data for the purposes of the obtaining the status of the Exchange participant, as well as providing information about the Exchange services.
	7. I confirm that no bankruptcy, reorganization or liquidation has been initiated, no known bankruptcy lawsuits have been filed with the entity intending to become a Participant (hereinafter – the Entity) and making this application at the date of this application, or that any other legal proceedings have been initiated that could result in the insolvency or inability of the Entity making the application to enforce the provisions of the Regulation.
	8. I confirm that UAB GET Baltic has the right to verify the solvency and other information of the Entity making this Request in public registers and other registers providing entities risk assessment services.

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| 1. **Attachments**
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| *Please mark attachments that you provide to obtain the status of the Exchange participant:* |
| [ ]  | Extract about the company from the Commercial Register of Legal entities that provides main data about applicant-legal entity, issued by the State Register centre not earlier than 60 days prior the date of the request. **(Required)** |
| [ ]  | The copy of contract with the natural gas transmission system operator or other contract, noted in clause 1 of this request. **(Required)** |
| [ ]  | Form for Selection of Service Fee Plan. **(Required)** |
| [ ]  | The Power of attorney of the legal person if the document is not signed by the legal entity. |

1. **Signed by the CEO or by the authorized person:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  |       |
| (Position) |  | (Signature) |  | (Name, Surname) |