**Notification About the Amendments of Authorized Persons Acting on Behalf of the Company on REMIT Platform**

     -     -

|  |
| --- |
| **Legal person** |
| Company name |       |
| Company code |       |
| Agreement number and date |       |

1. We are terminating the rights and authorizations granted to act on behalf of the Company on the REMIT platform to the following persons:

|  |
| --- |
| **Authorized persons of whom revocation has been requested** |
|  | Name and Surname | E-mail | Mobile phone |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |

1. We are adding the list of authorized persons by giving the rights to act on behalf of the Company on the REMIT platform to the following persons:

|  |
| --- |
| **Authorized persons to whom rights have been applied for** |
| 1. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| E-mail |       |
| Person is authorized to submit/monitor these reports: | [ ]  Table1/Table2 | [ ]  LNG | [ ]  OMP Table1 |
|  |
| 2. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| E-mail |       |
| Person is authorized to submit/monitor these reports: | [ ]  Table1/Table2 | [ ]  LNG | [ ]  OMP Table1 |
|  |
| 3. | Name and Surname  |       |
| Position |       |
| Mobile phone |       |
| E-mail |       |
| Person is authorized to submit/monitor these reports: | [ ]  Table1/Table2 | [ ]  LNG | [ ]  OMP Table1 |

1. The rights granted to the persons referred to in clause 1 of this notification are terminated and the persons specified in clause 2 of this notification shall be granted the rights at the same working day if UAB GET Baltic receives this amendment signed before 09:00 and the next working day if UAB GET Baltic receives this amendment signed after 09:00 or on a day off.
2. I confirm that I have obtained the consent of all the authorized persons specified in this Notification to process their personal data in the course of implementing the Agreement by providing services or information about it.

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