**Non-binding demand indications by network**

**users for incremental capacity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **From** | **To** | **Gas year** | **Amount** | **Request is submitted to other TSOs** | **Conditions** |
|  | **[entry-exit system name]** | **[entry-exit system name]** | **[mm.yyyy/****mmmyyyy+1]** | **[Please indicate unit: (kWh/d/y)]** |  |
|  | **"EXIT CAPACITY"** | **"ENTRY CAPACITY"** |  | **[yes, TSO] or [no] (detailed information shall be provided below)** |  |
|  |  |  |  |  |  |
| 1. | ... |   |   |   |  |   |
|  | ... |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |   |   |

For submitting non-binding demand indications for incremental capacity according to the process described in Article 26.8 of Regulation (EU) 2017/459 please provide the following information:

1. The adjacent entry-exit systems between which your company expresses demand for incremental capacity.
2. Your company´s capacity demand per gas year(s) between the adjacent entry-exit systems (one row = one amount of requested capacity).
3. Any demand indications which have been or will also be submitted to other transmission system operators, in case such indications are linked to your indication here.
4. In detail any conditions with respect to your demand indications above, if applicable.

**Elaboration of conditions**

**Company details**

Please provide in the fields below contact information of your company as well as the representative(s) who can be contacted regarding the non-binding demand indication:

**Company**

Company name:

Address:

ZIP, town, country:

VAT identification number:

EIC:

**Contact person**

Name of the authorised contact person:

Position:

Email-address:

Phone number: