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**JOINT NOMINATION DECLARATION NOTICE**

**Single Sided Nomination Authorisation Form**

*Please fill the Single Sided Nomination Authorisation Form and send it completed and signed to our Dispatching per Fax.*

*After submitting the Form per fax an e-mail confirming your registration will be sent.*

Ms./Mr. (Last name, first name):

Company name:

Principal place of business:

Telephone no.:

Mobile phone no.:

Fax no:

E-mail:

Balancing Account (NCG Balancing Group):

We hereby authorize the following counterpart to submit single sided nominations on our behalf:

|  |  |
| --- | --- |
| **Connection Point(s)** |  |
| **Counterpart Shipper code by ITSO***(Registered Network User authorised by adjacent TSO to submit a SSN)* |  |
| **Validity Period** *(Start and End Date of the authorisation. A period concerns gas Day)* |  |

(Date, Place)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company