Trans Adriatic Pipeline

REGISTRATION FORM

This Registration for the Booking Phase is hereby submitted by

Authorised representative: _____
Title: _____
Company: _____
Registered address: _____
Telephone Number: _____
Fax: _____
E-mail: _____
Date: _____
Signature:

_____

Applicant's Contact person

Name: _____
Title: _____
Telephone: _____
Fax: _____
E-mail: _____
Applicant's contact address: _____
_____

Status of the applicant

□ participated in the Expression of Interest Phase

□ another party expressed interest in the Expression of Interest Phase for its benefit

□ TSO

Please indicate the mandatory supporting documentation submitted with this Registration Form

□ Confidentiality Agreement signed by the authorised representative

□ Power of attorney for the authorized representative

□ Signed Terms and Conditions for access to the Data Room

□ Statement that the capacity booked in TAP will not be used for gas supply