



## Binding Storage Service Request

**Please submit the Binding Storage Service Request by fax or by e-mail to:**

**Fax: + 49 (0) 4465 - 1888**

**E-mail: [olivier.deterne@edf-gas-deutschland.de](mailto:olivier.deterne@edf-gas-deutschland.de)**

### Storage Facility

Cavern site Etzel, Bitzenlander Weg 10, 26446 Friedeburg

### Requesting party

Name and legal form: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Registered business office: \_\_\_\_\_

### Contact person of the requesting party and contact details

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Bindingly requested Storage Products

#### Bundled Storage Capacities, firm:

- \_\_\_\_\_ Storage Bundle Units(s) *[insert number of requested SBUs]*
- Storage Period: start date \_\_\_\_\_; end date\* \_\_\_\_\_

#### Unbundled Storage Capacities, firm:

- Injection rate in MWh/h: \_\_\_\_\_
- Withdrawal rate in MWh/h: \_\_\_\_\_
- Working gas volume in MWh: \_\_\_\_\_
- Storage Period: start date \_\_\_\_\_; end date\* \_\_\_\_\_

#### Unbundled Storage Capacities, interruptible:

- Injection rate in MWh/h: \_\_\_\_\_
- Withdrawal rate in MWh/h: \_\_\_\_\_
- Working gas volume in MWh: \_\_\_\_\_
- Storage Period: start date \_\_\_\_\_; end date\* \_\_\_\_\_

**\* Please note that all Storage Capacities can only be requested for a storage period ending not later than April 1<sup>st</sup>, 2041, 6 a.m. and for a minimum duration of one month.**

By signing and submitting this form as specified above, the requesting party hereby submits an irrevocable binding offer for the conclusion of a Storage Contract with EDF Gas Deutschland GmbH according to and accepting the General Terms and Conditions for Storage Services (GTCSS) and the provisions in the Storage-Contract-Form.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Binding signature of requesting party



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**The following information is not required for the validity of the Binding Storage Service Request, but can be provided voluntarily at the present point in time.**

Requesting party: \_\_\_\_\_

VAT-ID No. of the requesting party: \_\_\_\_\_

Information required for a solvency assessment (cf. § 2 (10) and § 17 of the GTCSS)

Attached:  yes  no

If yes, please indicate the attached information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank details

The requesting party is kindly asked to name its bank details in order to issue a potential credit.

Bank:

Bank code:

Account number:

IBAN/SWIFT:

BIC:

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Place:

Date:

\_\_\_\_\_  
Signature of requesting party