Attachment 1

Submission of information

***General information***

|  |  |
| --- | --- |
| Company name: |  |
| Address: |  |
| Business register number: |  |
| VAT number: |  |
| TAX number: |  |
| Authorized representative(s): |  |
| Telephone number: |  |
| EIC code: |  |
| ACER code[[1]](#footnote-1) (optional): |  |

***General correspondence***

|  |  |
| --- | --- |
| Contact: |  |
| Address: |  |
| Telephone number: |  |
| E-mail: |  |

***Financial contact person***

|  |  |
| --- | --- |
| Contact: |  |
| Telephone number: |  |
| E-mail: |  |

***Operational contact person***

|  |  |
| --- | --- |
| Contact: |  |
| Telephone number: |  |
| Mobile phone number: |  |
| E-mail: |  |

***Commercial contact person***

|  |  |
| --- | --- |
| Contact: |  |
| Telephone number: |  |
| Mobile phone number: |  |
| E-mail: |  |

***Bank account information***

All payments made by the Allocation Platform to the Registered Participant will be made to the following bank account:

|  |  |
| --- | --- |
| Bank: |  |
| Account Holder: |  |
| SWIFT Code: |  |
| IBAN Code: |  |

***Dedicated Business Account model***

Dedicated Business Account will be used for the purpose of (select one option):

|  |  |
| --- | --- |
|  | settlement between Allocation Platform and Registered Participant; or |
|  | depositing cash collateral only, settlement to be performed by non-automated payment of invoices. |

***Additional documents required to be attached by the Registered Participant:***

Registration extract of the Registered Participant from relevant registry of companies or other competent authority (in cases where the Registered Participant is a legal entity).

Name and position of the authorized representative:

Signature:

Date:

1. Precondition for participation in allocation process on borders specified in Appendix 2 of Specific Annex [↑](#footnote-ref-1)