**"TRANSPORTGAS SRBIJA" Novi Sad**
**Bul.oslobodjenja 5, Novi Sad**

# THE PROPOSAL FOR CAPACITY USE RIGHTS TRANSFER

Item:_____

Date and time: _____

Information on the System User who transfers the capacity use right:

Name:

Headquarters: (Street) No City State

ID number:

Contract (no.):

Information on the System User/Registered Entity to which the capacity right use is transferred:

Name:

Headquarters: (Street) No City State

ID number:

Contract (no.):

The right to use the capacity which is transferred refers to:

| Input/Output | The capacity which is transferred (Sm3/day) | The capacity which is transferred (entirely/partially) | Time period | Type of capacity |
|---|---|---|---|---|
| | | | | |
| | | | | |

| Planned amounts of natural gas | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Input/Output | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec |
| | | | | | | | | | | | | |