

## Form 1: Change of Dispatching (Central) Contact

Please fill in the form in **block letters**, complete **all mandatory fields marked with asterisk (\*)** and send the **stamped and twice signed** form to **helpdesk@prisma-capacity.eu**

| <b>Form Initiator</b> (must be a PRISMA USER) |  |
|---|--|
| Full Name*                                    |  |
| Email*  |  |
| Telephone*                                    |  |
| <b>Company Identification</b>                 |  |
| Company Name*                                 |  |
| Company EIC*                                  |  |

| <b>New Contact Data</b>                      | (Please fill only the fields to be changed) |
|--|---|
| Address                                      |   |
| Postcode                                     |   |
| City   |   |
| Country                                      |   |
| PO Box                                       |   |
| PO Box Postcode                              |   |
| PO Box City                                  |   |
| Email  |   |
| Phone On Call                                |   |
| Backup                                       |   |
| Fax  |   |
| Date of validity<br>(if empty, next gas day) |   |

| <b>Signature of form initiator</b>                      |  | <b>Signature of a person entitled to sign on behalf of the company</b> |  |
|---|--|--|--|
| Place and Date*   |  | Place and Date*  |  |
| Full Name*  |  | Full Name*   |  |
| Position*   |  | Position*  |  |
| Signature*  |  | Signature*   |  |
| Company Stamp*<br>(if non-existent, please write "N/A") |  |  |  |