

IT Platform (SMCS) registration form

Company name:	
- general email:	
EIC Code:	
Shipper Code:	
General contacts:	
- telephone:	
- mobile:	
- fax:	
Seat:	
Invoicing address:	
Primary Contact Person in issues related to the Contract:	
- name:	
- telephone:	
- mobile:	
- fax:	
- email:	
Secondary Contact Person in issues of daily operative contact:	
- name:	
- telephone:	
- mobile:	
- fax:	
- email:	
User authorized to bid:	
- name:	
- email:	
- mobile:	
Other User ₁ :	
- name:	
- email:	
- mobile:	
Other User ₂ :	
- name:	
- email:	
- mobile:	
Other User ₃ :	
- name:	
- email:	
- mobile:	
Guarantee preference*	Injected gas
	Bank guarantee

* Underline as applicable.

Dated:

Corporate signature by
authorized representative

