

FORM NO : KF.01.R02

LEGAL ENTITY REGISTRATION FORM

Shipper Legal Entity's Personal Information

License Title :
Legal Address :
P. Code : County / Province : /
Phone 1 : Phone 2 :
E-mail Address : KEP Address :
Tax Office : Tax ID No. :

Shipper's License Information

License Type : select... License No. : License Date :
License Type : select... License No. : License Date :
License Type : select... License No. : License Date :
(Export)
(Import)
(Wholesale)
(Transmission)

System Administrator (admin) User Information

Name and Surname : T.R. ID No. :
Mobile Phone : E-mail Address :

Finance Officer User Information

Name and Surname : T.R. ID No. :
Mobile Phone : E-mail Address :

The Users with the foregoing information (System Administrator and Finance Officer) have been authorized to represent our Company to carry our transactions in the Organized Natural Gas Wholesale Market (STP).

We represent and undertake that, in case the users are no longer authorized to represent the Company, we have the responsibility to edit this form and notify EXIST in writing.

Kindly submitted for necessary action following your approval in regards to defining a User Code and sending a Temporary Password.