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EIC request form

Request for company code (EIC X code)

Applicant (company)					*
Address					*
ZIP code City					*
We ask for assignmen	nt of the following El	C numbers (pleas	e mark with a	cross where applicable).	
If you request a code to Switzerland) or international	-	•	•	d the code for national (within ime.	
☐ 12 X code for trac	ding and sales				(*)
national					(*)
international	(also includes natio	onal trades)			(*)
☐ 12 X code for grid	d operators				(*)
Company name					*
Managing Director					
Address (line 1)					*
Address (line 2)					
ZIP code	_				*
City					*
Country					*
Contact person					*
Phone	+41		Fax	+41	*
E-mail address			•		*
VAT number	CHE-	MWST			*
☐ By requesting an	EIC code, the mark	cet participant acc	epts the terms	s of the EIC Reference Manual	ı. *
		1 1	,		
Date		_	Signature		

By signing this document, you allow Swissgrid AG to forward your data to ENTSO-E and to publish them completely or partially.

Fields with a * must be filled in for the request to be complete.