

## FORM FOR "1:1" – SYSTEM NOTIFICATION

This form shall be delivered to the following fax numbers:

To CEPS +420 21104 4401

To APG +431 53113 – 53219

	APG	CEPS
Name of the company		
Address		
VAT No. (if available)		
EIC-Code		
Contact Person		
Telephone No.		
Fax No.		
E-mail address		

	From	To
Period		

Confirmation done by nominated companies		
	<i>Name of the company registered/identified by APG</i>	<i>Name of the company registered/identified by CEPS</i>
Date		
Signature and stamp		

	APG's approval	CEPS's approval
Date		
Signature		