[Name and address of the Registered Participant]

[Commercial registration number of the Registered Participant]

[General email, telephone number of the Registered Participant]

To: AS “Augstsprieguma tīkls”

 Dārzciema Street 86

 Riga, LV-1073

 Latvia

Date:  [Month Date, Year]

The Request for the Amendments in the Participant Agreement

Dear Sir or Madam,

With reference to the trilateral Agreement Nr. [\_\_\_] between Elering AS, AS “Augstsprieguma tīkls” and [Company Name of the Registered Participant], we would like to amend the list of contact person authorised to communicate with the Allocation Platform.

The amended list of contact persons should be as follows:

|  |  |
| --- | --- |
| (c) Contact details and names of persons authorised to represent the market participant and their function | [leave blank, if no changes are required] |
| (i) Financial contact person (credit cover, invoicing and payment issues) and their contact details (email, facsimile and telephone number) for notifications where required in the Allocation Rules | [leave blank, if no changes are required] |
| (j) Commercial contact person and their contact details (email, facsimile and telephone number) for notifications where required in the Allocation Rules | [leave blank, if no changes are required] |
| (k) Operational contact person and their contact details (email, facsimile and telephone number) for notifications where required in these Allocation Rules | [leave blank, if no changes are required] |

Yours sincerely,

[Name, Surname, Position and Signature of the person authorised to represent the Registered Participant]