**Annex 4 - Request for Capacity Transfer in case of Backup procedure**

**The scanned copy of this form shall be delivered to the following e-mail addresses:** **schedule@mepso.mk**

**schedulemepso@gmail.com**

Date of submitting request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Binding request for capacity transfer by both *Registered Participants***

|  |  |  |  |
| --- | --- | --- | --- |
| **Border/Direction** | **Auction ID** | **Period of usage of capacity rights**  | **Allocated Capacity** |
|  |  | **dd.mm.yyyy. – dd.mm.yyyy.** | **MW** |
| **Macedonia - Bulgaria** |  |  |  |
| **Bulgaria - Macedonia** |  |  |  |

Acknowledgement for capacity transfer

|  |  |  |
| --- | --- | --- |
|  | **Transferor** | **Transferee** |
| **Company name** |  |  |
| **EIC code** |  |  |
| **Name of the authorized person**  |  |  |
| **Phone no.** |  |  |
| **Fax no.** |  |  |
| **E-mail** |  |  |
| **Signature and seal** |  |  |

Confirmation of MEPSO as *Auction Office*

|  |  |
| --- | --- |
| **Authorized person**  |  |
| **Confirmation Date**  |  |
| **COMMENTS** |  |
| **Signature and seal** |  |