

Full Name\*

Form Initiator (must be a PRISMA USER)

## Form 3: Change of User Information

Please fill in the form in **block letters**, complete **all mandatory fields marked with asterisk (\*)** and send the **stamped and twice signed** form to **helpdesk@prisma-capacity.eu** 

Email*				
Telephone*				
Company Identif	ication			
Company Name	;*			
Company EIC*				
Data to be chang	jed			
Current User's Full Name*				
New User's Full Name				
Current User's Email*				
New User's Email				
Date of validity (if empty, next gas day)				
		counts and the assigned tokens <b>m</b> the company, please contact your	ust not be transferred to another person. company's admin.	
Signature of form initiator			Signature of a person entitled to sign on behalf of the company	
Place and Date*		Place and	d Date*	
Full Name*		Full Nam	e*	
Position*		Position*		
Signature*		Signature	9*	
Company Stamp <sup>,</sup> (if non-existent, p		"N/A")	•	