

Form 1: Change of Dispatching (Central) Contact

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**

Form Initiator (must be a PRISMA USER)	
Full Name*	
Email*	
Telephone*	
Company Identification	
Company Name*	
Company EIC*	

New Contact Data	
(Please fill only the fields to be changed)	
Address	
Postcode	
City	
Country	
PO Box	
PO Box Postcode	
PO Box City	
Email	
Phone On Call	
Backup	
Fax	
Date of validity (if empty, next gas day)	

Signature of form initiator		Signature of a person entitled to sign on behalf of the company	
Place and Date*		Place and Date*	
Full Name*		Full Name*	
Position*		Position*	
Signature*		Signature*	
Company Stamp* (if non-existent, please write "N/A")			