**Declaration**

*[On Applicant’s Letterhead]*

To

Transmed S.p.A.

Via Gaspare Gozzi, 1/a

20129 - Milano

Italy

In relation to TRANSMED Offers, the undersigned *[please insert Name and Surname]*, duly authorized by and acting in the name and on behalf of *[please insert* *Company’s full details]* (the “Applicant”), declares, represents and warrants:

1. to have knowledge of the Procedure and its annexes published on the TRANSMED website and, by submitting this Declaration, to fully accept and approve them, along with all conditions therein;
2. that the participation in the TRANSMED Offers does not violate any provisions of the Applicant’s articles of incorporation and bylaws, and will be carried out in compliance with all applicable laws and regulations;
3. that the Applicant will adhere to the confidentiality requirements according to the documents relevant to the Offers published on the TRANSMED website;
4. that the Applicant acknowledges and accepts that a Declaration not compliant with the requirements of the Procedure or untrue will cause the exclusion of the Applicant from the participation in the TRANSMED Offers;
5. that the Applicant [is / is not] [please insert as appropriate] a Public Authority. To the extent of this Declaration, and for Transmed internal compliance purposes, Public Authority means any organ, office, or body, central or local, that exercises legislative, judicial, or administrative powers or functions in order to safeguard public interests;
6. that the Applicant acknowledges and accepts that the Procedure and its annexes are governed by Italian law and that all disputes shall be referred to the exclusive jurisdiction of the Court of Milan;
7. that the Applicant, should its booking(s) result successful, authorizes TRANSMED to insert in the relevant Gas Transportation Agreement (“GTA”), or in an amendment to an existing GTA, any contact information, details, and data necessary for its finalization;
8. that any circumstances modifying what stated from a. to e. above will be promptly communicated by the Applicant by giving written notice to TRANSMED.

*[Date and Place]* *[Company Stamp and Signature*

*of Duly Authorized Representative(s)*

*of the Applicant]*