

**Template confirmation of technical parameters and location of a foreign physical unit**

**Confirmation of technical parameters and location of a foreign physical unit**

Details of the transmission system operator within whose territory the foreign physical unit is located	
Legal form	Joint Stock Company
Name / first name and surname	TSO
Designation of the authorised representation body	The Management Board, consisting of: Michał Nowacki, Karol Kowalski
Identification data	
NIP number	33333333333
REGON number	-
KRS / PESEL / Passport number <sup>1</sup>	-
Number of entry in the relevant registry of the registered office <sup>2</sup>	203155-1612
Address of registered office or residence	
Country	Sweden
Postcode	00-000
Place	Gothenburg
Street	Swedish
House number	3
Unit number	
P.O. box	-
Contact details	
Email address	karol.kowalski@mail.com
Telephone number	333333333
Fax number	-
Correspondence address <sup>3</sup>	
Country	
Postcode	
Place	
Street	
House number	
Unit number	
P.O. box	

**Z komentarzem [A1]:** The electronic version of the document shall be signed with a qualified electronic signature by the person in authority (appendix 4.3.).

**Z komentarzem [A2]:** Duly authorised representatives of the TSO, in accordance with the agreement regarding participation of foreign capacity in the Polish capacity market concluded between PSE and the other TSO.

<sup>1</sup> Passport number to be stated for a natural person who has no PESEL number.

<sup>2</sup> Applies to entities with a registered office outside the territory of the Republic of Poland.

<sup>3</sup> Complete where the correspondence address is different from the address of registered office or residence.

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Data of the foreign physical unit owner <sup>4</sup>	
Legal form	Limited liability company
Name / first name and surname	Company A
Designation of the authorised representation body	President of the Management Board - Jan Kowalski
Identification data	
NIP number	222222222
REGON number	-
KRS / PESEL / Passport number <sup>5</sup>	-
Number of entry in the relevant registry of the registered office <sup>6</sup>	203155-1654
Address of registered office or residence	
Country	Sweden
Postcode	00-000
Place	Gothenburg
Street	Swedish
House number	3
Unit number	-
P.O. box	-
Contact details	
Email address	anna.nowak@mail.com
Telephone number	222222222
Fax number	-
Correspondence address <sup>7</sup>	
Country	
Postcode	
Place	
Street	
House number	
Unit number	
P.O. box	

<sup>4</sup> Appendix to be completed in as many copies as there are co-owners.

<sup>5</sup> Passport number to be stated for a natural person who has no PESEL number.

<sup>6</sup> Applies to entities with a registered office outside the territory of the Republic of Poland.

<sup>7</sup> Complete where the correspondence address is different from the address of registered office or residence.

**Template confirmation of technical parameters and location of a foreign physical unit**

General data of the Physical Cross-Border Unit	
Name of Physical Cross-Border Unit	AAA
Type of Physical Cross-Border Unit	existing physical generating unit
Location and technical parameters of the Physical Cross-Border Unit	
Address	
Country	Sweden
Postcode	00-000
Place	Gothenburg
Street	Swedish
House number	4
Unit number	-
P.O. box	-
Technical parameters	
Net maximum capacity (MW)	30
Gross maximum capacity (MW)	27
Function in the system	electricity generator
Energy production technology	water turbine
Power to heat ratio <sup>8</sup>	-
Basic energy source	hydro – flow-of-river
Additional energy source	

<input checked="" type="checkbox"/> I represent that the information given above is accurate and complete	
Date	dd.mm.yyyy
Signature	Michał Nowacki Karol Kowalski

**Z komentarzem [A3]:** Enter the same data as provided in the application for certification.

**Z komentarzem [A4]:** Classification in accordance with Section 6.2.1.1 of the Capacity Market Rules.

**Z komentarzem [A5]:** Classification in accordance with Section 6.2.2.2 of the Capacity Market Rules.

**Z komentarzem [A6]:** Classification in accordance with Section 6.2.2.3 of the Capacity Market Rules.

**Z komentarzem [A7]:** Classification in accordance with Section 6.2.2.4 of the Capacity Market Rules.

**Z komentarzem [A8]:** The box must be checked.

**Z komentarzem [A9]:** The date indicated must not be later than the date of the submission of the application for certification.

**Z komentarzem [A10]:** Signed in accordance with the representation of the transmission system operator within whose territory the foreign physical unit is located. Qualified electronic signatures of the representatives are not required. The signature should be legible and include the name of the signing person. Signatures may also be marked with the signatory's name stamp.

<sup>8</sup>Applies to CHP plants only.