

**Template authorisation to submit applications for certification and act in the role of capacity provider**

**AUTHORISATION**

**to submit applications for certification and act in the role of capacity provider<sup>1</sup>**

**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. - Anna Nowak).

Details of the physical unit owner <sup>2</sup>	
Legal form	Limited liability company
Name / first name and surname	Company B
Designation of the authorised representation body	President of the Management Board – Julia Nowacka
Identification data	
Tax identification number	2222222222
REGON number	-
KRS / PESEL / Passport number <sup>3</sup>	-
Number of entry in the relevant registry for the registered office <sup>4</sup>	222222-2222
Address of registered office or residence	
Country	Sweden
Postcode	22-222
Place	Gothenburg
Street	Swedish
House number	2
Unit number	-
P.O. box	-

**Z komentarzem [A2]:** Authorised representation in accordance with the current extract from the register.

**Z komentarzem [A3]:** Applies to entities with a registered office outside the territory of the Republic of Poland

hereby authorises

Details of the authorised party	
Legal form	Joint stock company
Name / first name and surname	Company A
Designation of the authorised representation body	Jan Kowalski - President of the Management Board and Robert Nowak - Member of the Management Board

**Z komentarzem [A4]:** Authorised representation in accordance with the current extract from the register.

<sup>1</sup> The authorization shall be signed by the owner of the physical unit who is a natural person or on behalf of the owner of the physical unit by persons entered in the appropriate register as authorized to represent the owner of the physical unit.

<sup>2</sup> Appendix to be completed in as many copies as there are co-owners.

<sup>3</sup> Passport number to be stated for a natural person who has no PESEL number.

<sup>4</sup> Applies to entities with a registered office outside the territory of the Republic of Poland.

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Identification data	
NIP number	1111111111
REGON number	-
KRS / PESEL / Passport number <sup>5</sup>	-
Number of entry in the relevant registry of the registered office <sup>6</sup>	111111-1111
Address of registered office or residence	
Country	Sweden
Postcode	11-111
Place	Gothenburg
Street	Swedish
House number	1
Unit number	-
P.O. box	-

to dispose of

Designation of physical unit no. <u>1</u> <sup>7</sup>	
Name of physical unit	unit No. 2
Code of physical unit <sup>8</sup>	JF/B7CFCD1225/1234
Type of physical unit	existing generating physical unit
Gross maximum capacity (MW) <sup>9</sup>	10,000
Location of physical unit	
Country	Sweden
Postcode and place	00-000 Gothenburg
Street and house number	Swedish 100

**Z komentarzem [A5]:** Enter the same data as provided in the application for certification.

**Z komentarzem [A6]:** Sequence number of the physical unit for which appendix 4.2 is being submitted. To authorise the disposal of more than one physical unit held by the same owner, copy this table and assign the next sequence number.

**Z komentarzem [A7]:** In case of certification of a physical unit for the first time, the code is not known. The field should be left blank.

for the purposes of the capacity market processes specified in the Capacity Market Act of 8 December 2017 (Journal of Laws of 2020, item 247 and its subsequent amendments), hereinafter referred to as "the Act", and in the Capacity Market Rules ("the Rules") issued under the Act, authorising the holder to submit applications for certification referred to in Article 15 of the Act and to act in the role of capacity provider as defined in the Act, in particular to dispose of the physical unit specified in this authorisation for the purposes of conclusion and performance of the capacity agreement and performance of the capacity obligation.

<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> Enter the sequence number of the physical unit. To authorize the disposition of more than one physical unit, this table shall be copied.  
<sup>8</sup> State if assigned in the register.  
<sup>9</sup> In the case of a physical demand side response unit, the net capacity shall be provided.

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- (1) The authorisation constitutes confirmation of the authorised party's right to dispose of the physical unit(s) identified in this authorisation, in capacity market processes, including the establishment of a capacity market unit comprising this physical unit(s).
- (2) The authorisation shall be effective to Polskie Sieci Elektroenergetyczne S.A. as from its submission through the register.
- (3) This authorisation is irrevocable:
  - a) until the end of the term of the capacity agreement – if a capacity agreement has been concluded,
  - b) until the end of the validity period of the certificate issued for the capacity market unit concerned, or its termination.
- (4) The granting of this authorisation precludes the possibility of granting, for an identical scope, authorisation to dispose of the same physical unit(s) to another party until this authorisation expires

Place, dated dd.mm.yyyy

\_\_\_\_\_ Julia Nowacka \_\_\_\_\_

Having acquainted myself with the content hereof, I accept this authorisation.

Jan Kowalski, Robert Nowak

*(Representative of the authorised party)*

**Z komentarzem [A8]:** The date indicated must not be later than the date of the submission of the application for certification.

**Z komentarzem [A9]:** Signed in accordance with the representation of the physical unit owner confirmed by the attached current extract from the relevant register. 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.

**Z komentarzem [A10]:** Signed in accordance with the representation of the capacity provider confirmed by the attached current extract from the relevant register. 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.