

Annex 2

Form of Extension Service request

The Terminal Operator:

Floating LNG Terminal Finland Oy

Business ID 3285669-8

Keilaranta 19, 02150 Espoo, Finland

Terminal User:

Legal entity	<i>[Company name and legal form]</i>
Business ID	<i>[Company Business ID]</i>
Jurisdiction of incorporation	<i>[Company jurisdiction of incorporation]</i>
Registered address	<i>[Company address]</i>
Representant	<i>[Name, surname, job title and legal ground for representation of the Company submitting the Terminal Capacity allocation request]</i>
Contacts	<i>[E-mail address and telephone number of the Representant]</i>

Period:*[dd/mm/yyyy – dd/mm/yyyy, start and end dates of the Extension Service subject to the request]***Quantity:***[xxxx MWH, total quantity requested under the Extension Service]*

