

# ***Application form***

#  **Full Membership 🞐**

#  **Associate Membership 🞐**

Please complete and return this form to

**GIIGNL**

Attention : Mr. Laurent DAVID - General Delegate

185 avenue Charles de Gaulle - 92200 Neuilly-sur-Seine

FRANCE

Telephone : +33 6 12 90 29 56

E-mail : central-office@giignl.org

## Information on the Applicant

Company (name and shareholder(s)):

*Officially represented by:*

Mr./Mrs./Ms.

 (Name in block capitals) (Given Name)

Title and Function:

Full Address:

City: Country:

Tel.: Email:

*Executive Committee/General Assembly Representative 2 :*

Mr./Mrs./Ms.

 (Name in block capitals) (Given Name)

Title and Function:

Full Address:

City: Country:

Tel.: Email:

*Contact person (for administrative purposes):*

Mr./Mrs./Ms.

 (Name in block capitals) (Given Name)

Title and Function:

Full Address:

City: Country:

Tel.: Email:

**Membership profile**

* Owner/operator of a receiving terminal **🞐**
* Importer/merchant company **🞐**

**Brief description of the company’s LNG activities:**

The description will especially detail the activities :

* as a holder of re-gasification rights,
* and/or as an owner and/or an operator of an LNG re-gasification terminal.

If the contracts or terminal are not into service, please specify when they should be, and what are their present exact status

**Main reasons for the application for membership within GIIGNL:**

 Date & Signature of official representative of the company (with name & title) :