

To: SNTGN Transgaz SA Mediaş

Investor Relations and Rating Agencies Department

The undersigned _____

domiciled in _____

Holder's CNP / Passport ID _____

I hereby declare that I want the dividends for the fiscal year _____

transferred to the account no (IBAN)

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opened with the bank _____

branch _____

account holder _____

I attach to the present payment request form of the net dividends by bank transfer a copy of the identity document.

Telephone:

E-mail:

Date:

Signature: