

## Form 5: Shipper Company Deactivation

Please fill in the form in **block letters**, complete **all mandatory fields marked with asterisk (\*)** and send the **stamped and twice signed** form to **helpdesk@prisma-capacity.eu**

Form Initiator (must be a PRISMA USER)	
Full Name*	
Email*	
Telephone*	
Company Identification	
Company Name*	
Current Company EIC*	
Date of validity <small>(if empty, next gas day)</small>	

Additional Information
<p>The deactivation is irreversible. If you want to use the PRISMA Capacity Platform again in the future, you will have to register anew. Please <b>do not</b> send back the token(s). Please discard individually.</p>

Signature of form initiator		Signature of a person entitled to sign on behalf of the company	
Place and Date*		Place and Date*	
Full Name*		Full Name*	
Position*		Position*	
Signature*		Signature*	
Company Stamp* (if non-existent, please write "N/A")			