

Request for access to service facilities

Applicant	Name:	Please fill in the information	
	Address:	Please fill in the information	
	VAT ID	Please fill in the information	
	Phone:	Please fill in the information	
	E-mail:	Please fill in the information	
Contact person	Name:	Please fill in the information	
	Phone:	Please fill in the information	
	E-mail:	Please fill in the information	
Railway company	Please fill in the information		
Traffic connection (please specify terminals)	Please fill in the information		
Railway routing	Please fill in the information		
Service estimated start date	Please fill in the information		
Minimum guaranteed duration	Please fill in the information		
Operating days	Arrival:	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>	
	Time:	
	Departure:	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>	
	Time:	
Train length (m) and weight (ton)	Please fill in the information		
Loading units types (%)	Containers	Semitrailers	Swap bodies
	%	%	%
Estimated annual volumes (number of trains/loading units)	Arrival	Departure	
	Trains/Loading units	Trains/Loading units	
Dangerous goods (%)	Arrival	Departure	
	Trains/Loading units	Trains/Loading units	
Waste (%)	Arrival	Departure	
	Trains/Loading units	Trains/Loading units	
Remarks	Please fill in the information		

The applicant declares to have read, understood and agreed with the general terms and conditions of Combinant nv.

place, date

Signature

Combinant nv confirms taking charge of the request for access to service facilities on _____
with registration number _____