# Terminal Novara CIM

Request for access to service facilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Applicant Name:  Address:  VAT ID:  Phone:  E-mail: | | Please fill in the information  Please fill in the information  Please fill in the information  Please fill in the information  Please fill in the information | | | |
| 2. | Contact person Name and surname:  Phone:  E-mail: | | Please fill in the information  Please fill in the information  Please fill in the information | | | |
| 3. | Railway company | | Please fill in the information | | | |
| 4. | Traffic connection (please specify terminals) | | Please fill in the information | | | |
| 5. | Railway routing | | Please fill in the information | | | |
| 6. | Service estimated start date | | Please fill in the information | | | |
| 7. | Minimum guaranteed duration | | Please fill in the information | | | |
| 8. | Operating days | Arrival  Time | Mo  Tu  We  Th  Fr  Sa  Su  …….. …….. …….. …….. …….. …….. …….. | | | |
| Departure  Time | Mo  Tu  We  Th  Fr  Sa  Su  …….. …….. …….. …….. …….. …….. …….. | | | |
| 9. | Train length (m) and weight (ton) | | Please fill in the information | | | |
| 10. | Loading units types (%) | | Containers | Semitrailers | | Swap bodies |
| % | % | | % |
| 11. | Estimated annual volumes  (Number of trains / loading units) | | Arrival | | Departure | |
| Trains / Loading units | | Trains / Loading units | |
| 12. | Dangerous goods (%) | | Arrival | | Departure | |
| Trains / Loading units | | Trains / Loading units | |
| 13. | Waste (%) | | Arrival | | Departure | |
| Trains / Loading units | | Trains / Loading units | |
| 14. | Remarks | | Please fill in the information | | | |

**The applicant declares to have read, understood and agreed with the general terms and conditions of the Terminal Novara CIM published on the website** [**www.hupac.com**](http://www.hupac.com)

**Please send this form to: commerciale@combiconnect.it**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Place, date Signature

Combiconnect confirms taking charge of the request for access to service facilities

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_