

# Application for AMDQ Credit Certificate Registration /Transfers



TRANSFEROR CUSTOMER INFORMATION			
Company Name:		ABN:	
Current AMDQ CC Entitlement:	Close Proximity Point:		
Balance AMDQ CC after this Transfer:	From Date:     /     /	To Date:     /     /	
TRANSFeree CUSTOMER INFORMATION			
Company Name:		ABN:	
Current AMDQ CC Entitlement:	Close Proximity Point:		
AMDQ CC TRANSFER/REGISTRATION DETAILS			
From Date:	To Date:		
AMDQ CC value to be transferred:	Close proximity Point:		
APPROVAL FROM THE SERVICE			
<p>The conditions applicable to this direction are;</p> <ol style="list-style-type: none"> <li>1. This direction will continue to apply unless amended or withdrawn by APA upon written notice; and</li> <li>2. The AMDQ Credit Certificates are not applicable to injections/withdrawals from the Western Transmission system.</li> </ol>			
Contact Name:		Signature:	
Title:		Date:	

Email the completed form to : [settlements@aemo.com.au](mailto:settlements@aemo.com.au)