

AMDQ CREDIT NOMINATION/RENOMINATION FORM



| COMPANY DETAILS | | | | |
|--|--|-----------------------|--|-------------|
| Company Details | Company ID (As Org Register) : | | ABN: | |
| | Company Name: (As registered with AEMO) | | | |
| | Postal Address: | | | |
| | Suburb: | State: | Postcode: | |
| Company Contact Person | Contact Name: | | | |
| | Title: | | | |
| | Phone: | E-Mail: | | |
| AMDQ Credit Certificate Value (GJ/Day) | | From Date: / / | To Date: / / | |
| Close Proximity Point | | | | |
| NOMINATION/RENOMINATION DETAILS | | | | |
| From Date | To Date | Source injection MIRN | Nomination Site (Reference hub or Tariff D MIRNS) | QTY(GJ/DAY) |
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| IF THE ABOVE NOMINATION IS TO A SYSTEM WITHDRAWAL POINT | | | | |
| (Evidence of firm capacity – as per AMDQ Procedures section 5.6) | | | | |
| Confirmation on Firm Capacity is attached: Y/N | | | Accreditation available: Y/N | |
| Confirmation from Service Provider: <input type="checkbox"/> | | | Accreditation Application attached: Y/N | |
| Confirmation from MP: <input type="checkbox"/> | | | | |
| <p>Authorised Person's Name :</p> <p>Title :</p> <p>Signature:</p> <p>Date : / /</p> | | | | |

Email the completed form to: settlements@aemo.com.au