

# Authorised MDQ TRANSFER REQUEST FORM



## TRANSFEROR CUSTOMER INFORMATION

<b>MIRN</b>											<b>MDQ Site Code(optional)</b>	
Site authorised MDQ (GJ): (pre-transfer site amount)												
<b>Site/ Hub Details</b>	Site/ Hub Name:											
	Site Address:											
	Suburb:				State:				Postcode:			
<b>Company Details</b>	Company Name:											
	Postal Address:											
	Suburb:				State:				Postcode:			
<b>Company Contact Person</b>	Contact Name:											
	Title:											
	Phone:				E-Mail:							
Termination Date for Authorisation of Transfer Agent: / / (maximum 12 months from date of authorisation)												

## IF THE TRANSFER IS FOR A SYSTEM WITHDRAWAL POINT

(Evidendence of firm capacity – as per AMDQ Procedures section 5.6)

Confirmation on Firm Capacity: Y/N Letter from Service Provider : ☐ Letter from MP : ☐

Accreditation available: Y/N Accreditation Application Attached: Y/N

## TRANSFER AGENT(AS AGENT FOR TRANSFEROR)

Agent Company Name:		Authorisation Letter Provided: <input type="checkbox"/>	
Agent Postal Address :			
Suburb :		State:	
		Postcode:	
Contact Name:		Title :	
Phone:		E-mail:	

## AGREEMENT

By signing below, I confirm that I:

1. hold the authorised MDQ described in this Form; or
2. have been duly authorised to act as the Transfer Agent for the holder of the authorised MDQ described in this Form and attach evidence of that authority; and
3. request the transfer of that authorised MDQ to the person describe below.

<b>Contact Name:</b>  <b>Title:</b>  <input type="checkbox"/> Transferor <input type="checkbox"/> Transfer Agent	<b>Signature:</b>  <b>Date: / /</b>
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TRANSFEREE CUSTOMER INFORMATION											
MIRN											MDQ Site Code(optional)
	Site / Hub Name:										
	Site Address:										
	Suburb:					State:			Postcode:		
	Company Name:										
Site/ Hub Details	Postal Address:										
	Suburb:					State:			Postcode:		
	Company Details										
Company Contact Person	Contact Name:										
	Title:										
	Phone:					E-Mail:					
AUTHORISED MDQ TRANSFER DETAILS											
From Date:     /     /						To Date     :     /     /					
Transferor Diversity Factor:						Transferee Diversity Factor:					
Transferor Locational Factor:						Transferee Locational Factor:					
Authorised MDQ to be transferred (GJ):						Transferred Site value:					
AEMO INTERNAL USE ONLY											
Planning Department Sign Off:						Settlements Sign Off:					
Date:     /     /						Date:     /     /					