

# 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)
IF THE ABOVE NOMINATION IS TO A SYSTEM WITHDRAWAL POINT				
<i>(Evidence of firm capacity – as per AMDQ Procedures section 5.6)</i> <b>Confirmation on Firm Capacity is attached: Y/N</b>  <b>Service Provider Confirmation :</b> <input type="checkbox"/>  <i>(If the company above is not the Primary Shipper, please submit the Primary Shipper Confirmation)</i>  <b>Primary Shipper Confirmation :</b> <input type="checkbox"/>			<b>Accreditation available: Y/N</b>  <b>Accreditation Application attached: Y/N</b>	
<b>Authorised Person's Name :</b>  <b>Title :</b>  <b>Signature :</b>  <b>Date :    /    /</b>				

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