

SERVICE PROVIDER CONFIRMATION - AMDQ TRANSFER/NOMINATION REQUEST



SERVICE PROVIDER/ MARKET PARTICIPANT/PRIMARY SHIPPER INFORMATION	
Service Provider Details	Service Provider Name:
	Postal Address:
	Suburb: State: Postcode:
	Postal Address:
	Suburb: State: Postcode:
Primary Shipper Details	Primary Shipper Name: ABN:
	Postal Address:
	Suburb: State: Postcode:
FIRM CAPACITY RIGHTS INFORMATION	
System Withdrawal Point:	Interconnected Pipeline:
Date Range of AMDQ Transfer/Nomination Request: From Date: / / To Date: / /	Firm Capacity: (GJ/Day)
SERVICE PROVIDER DECLARATION	
<p>By signing below, I:</p> <ol style="list-style-type: none"> confirm the Primary Shipper holds firm gas transportation rights on the Interconnected Pipeline from the System Withdrawal Point for the date range and capacity specified above have been duly authorised to sign this declaration on behalf of the service provider. 	
Contact Name: Title:	Signature: Date: / / 20

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