

Authorised MDQ TRANSFER REQUEST FORM



TRANSFEROR CUSTOMER INFORMATION

MIRN											MDQ Site Code(optional)	
Site authorised MDQ (GJ): _____ (pre-transfer site amount)												
Site/ Hub Details	Site/ Hub Name:											
	Site Address:											
	Suburb:				State:				Postcode:			
Company Details	Company Name:										ABN:	
	Postal Address:											
	Suburb:				State:				Postcode:			
Company Contact Person	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

(Evidence of firm capacity – as per AMDQ Procedures section 5.5)

Confirmation on Firm Capacity: Y/N

Service Provider Confirmation : ☐

(If the Transferee is not the Primary shipper, please submit the Primary Shipper Confirmation)

Primary Shipper Confirmation : ☐

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.

Contact Name: Title: <input type="checkbox"/> Transferor <input type="checkbox"/> Transfer Agent	Signature: Date: / /
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	Site / Hub Name:											
	Site Address:											
	Suburb:					State:			Postcode:			
	Company Name:							ABN:				
	Postal Address:											
Site/ Hub Details	Suburb:					State:			Postcode:			
Company Details	Contact Name:											
	Title:											
	Phone:					E-Mail:						
Company Contact Person												
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: / /						

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