This Form is to be used where DTS Service Provider allocates AMDQ Credit Certificates under NGR rule 329E.

E-mail completed form to [gassettlement@aemo.com.au](mailto:gassettlement@aemo.com.au).

## Part 1. Registration Details

| **Market Participant Details** | | | |
| --- | --- | --- | --- |
| Participant Name  (as registered with AEMO) |  | Company ABN |  |
| Participant ID  (as registered with AEMO) |  | | |
| **AMDQ Credit Certificate Registration** | | | |
| Close Proximity Point |  | | |
| New AMDQ CC to be registered (GJ) |  | | |
| From Date |  | To Date |  |

## Part 2. Authorisation

### 2a. Service Provider

By signing below, I the DTS Service Provider confirm that I approve to the AMDQ Credit Certificate allocation as described in this Form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Contact Name and Position** | **Signature** | **Date Signed** |

### 2b. Market Participant

By signing below, I the Market Participant confirm that I request the AMDQ Credit Certificate allocation as described in this Form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Contact Name and Position** | **Signature** | **Date Signed** |