E-mail completed form to gassettlement@aemo.com.au.

## Part 1. Transferor Customer (Site Providing AMDQ) Information

|  |
| --- |
| **MIRN Details** |
| MIRN  |  |
| MDQ Site Code |  |
| Authorised Site MDQ |  |
| **Site Details** |
| Site Customer Name  |  |
| Site Address |  |
| Suburb |  |
| State |  | Post Code  |  |
| **Customer Contact Details**  |
| Company Name |  | ABN |  |
| Postal Address |  |
| Suburb |  |
| State |  | Post Code |  |
| Contact Name |  | Position |  |
| Phone |  | E-mail  |  |

## Part 2. Transfer Agent Information\*

| **Agent Details** |
| --- |
| Company Name |  |
| Postal Address |  |
| Suburb |  |
| State |  | Post Code  |  |
| Contact Name |  | Position |  |
| Phone |  | E-mail |  |
| Termination date for authorisation of agent(max 12 months from authorisation date) |  |

\* Only if the applicant is not the customer of the transferor site.

## Part 3. Transferee Customer (Site Receiving AMDQ) Information

|  |
| --- |
| **MIRN Details** |
| MIRN  |  |
| MDQ Site Code |  |
| **Site Details** |
| Site Customer Name  |  |
| Site Address |  |
| Suburb |  |
| State |  | Post Code  |  |
| **Customer Contact Details** |
| Company Name |  | ABN |  |
| Postal Address |  |
| Suburb |  |
| State |  | Post Code |  |
| Contact Name |  | Position |  |
| Phone |  | E-mail  |  |

## Part 4. Authorised MDQ Transfer Information

|  |
| --- |
| **Transfer Details** |
| Authorised MDQ to be transferred (GJ) |  |
| From Date |  | To Date  |  |
| **Accreditation and Firm Capacity (please tick)\*\*** |
| Accreditation Requirement(attach Form/s as applicable) | [ ]  Existing accreditation is in place, OR[ ]  Accreditation new / updated application is attached  |
| Evidence of Firm Capacity(attach Form/s as applicable) | [ ]  Market Participant (Transferee) is the Primary Shipper* Service Provider Confirmation Form is attached

[ ]  Market Participant (Transferee) is not the Primary Shipper* Service Provider Confirmation Form is attached
* Primary Shipper Confirmation Form is attached
 |

\*\* Only if transfer relates to a System Withdrawal Point at an Interconnect Facility.

## Part 5. Authorisation

### 5a. Transferor

By signing below, I confirm that I,

1. Hold the authorised MDQ described in this Form or hereby authorise the person in part 2 of this Form to act as the Transfer Agent on my behalf.
2. Request for the transfer of authorised MDQ as described in this Form.

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

### 5b. Transferee\*\*\*

\*\*\* Only if the Transferor is not also the Transferee.

By signing below, I confirm that I consent to the transfer as described in this Form.

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

## Part 6. AEMO Internal Use Only

| **Transfer Calculation** |
| --- |
| Transferor Diversity Factor  |  | Transferee Diversity Factor  |  |
| Transferor Locational Factor |  | Transferee Locational Factor |  |
| Authorised MDQ transferred (Hub Value) |  | Authorised MDQ transferred (Site Value) |  |
| **Sign Off** |
| Planning  |  | Settlement |  |
| Date |  | Date |  |

Refer to the Wholesale Market AMDQ Procedures for more details: <http://www.aemo.com.au/Gas/Declared-Wholesale-Gas-Market-DWGM/Settlements-and-payments/Settlements/Authorised-Maximum-Daily-Quantity>.