

# 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>				
Confirmation on Firm Capacity is attached: Y/N			Accreditation available: Y/N	
Confirmation from Service Provider: <input type="checkbox"/>			Accreditation Application attached: Y/N	
Confirmation from MP: <input type="checkbox"/>				
Authorised Person's Name :  Title :  Signature:  Date : / /				

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