\*PLEASE USE YOUR COMPANY LETTERHEAD WHEN PRODUCING THIS LETTER\*

[Date Month Year]

[Enter Address Details Line 1]

[Enter Address Details Line 2]

[Enter Address Details Line 3]

[Enter Address Details Line 4]

**Appointment of Information Provider for Longford Allocation Agent Agreement**

[Insert Company Name 1] (“**Longford Participant**”), confirms that it has appointed [Insert Company Name 2] ABN [00 123 456 789] to be the Information Provider in accordance with clause 16.2 of the Longford Allocation Agent Agreement for the purpose of providing the Australian Energy Market Operator with the information relating to the amount of gas allocated at Longford under the Gas Sale Agreement (GSA) with [Insert Company Name 3] dated [Date Month Year].

[Insert Name of Representative] of [Insert Company Name 2] has co-signed this letter on the

basis that [Insert Company Name 2] accepts the appointment as Information Provider on and from [Insert Date]. This appointment will remain in force until otherwise notified by [Insert Company Name 2].

[Company Name 2] confirms its consent to act as the Information Provider in connection with the above noted GSA.

Yours sincerely

Name Surname

[Insert Company Name 1] **e.g., AGL**

Yours sincerely

Name Surname

[Insert Company Name 2] **e.g., APG**