This Form is used as a supporting document to AMDQ transfer or AMDQ Credit Certificates Nomination requests.

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

## Part 1. Service Provider and Primary Shipper Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider Details** | | | |
| Service Provider Name |  | | |
| Postal Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |
| Contact Name |  | Position |  |
| Phone |  | E-mail |  |
| **Primary Shipper Details** | | | |
| Primary Shipper Name |  | ABN |  |
| Postal Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |

## Part 2. Firm Capacity Rights Information

|  |  |  |  |
| --- | --- | --- | --- |
| System Withdrawal Point |  | | |
| Interconnected Pipeline |  | | |
| **Firm Capacity Contract** | | | |
| From Date |  | To Date |  |
| Firm Capacity (GJ/day) |  | | |

## Part 3. Service Provider Declaration

By signing below, I,

1. Confirm the Primary Shipper holds firm gas transportation rights on the Interconnected Pipeline from the System Withdrawal Point for the date range and capacity specified above,
2. Have been duly authorised to sign this declaration on behalf of the Service Provider.

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