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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRANSFERor CUSTOMER INFORMATION** | | | | | | | | | | | | | |
| **MIRN** |  |  |  |  |  |  |  |  |  |  | **MDQ Site Code**(optional) | |  |
| **Site authorised MDQ** (GJ)**:** (pre-transfer site amount) | | | | | | | | | | | | | |
| **Site/ Hub**  **Details** | **Site/ Hub Name:** | | | | | | | | | | | | |
| **Site Address:** | | | | | | | | | | | | |
| **Suburb: State: Postcode:** | | | | | | | | | | | | |
| **Company**  **Details** | **Company Name:** | | | | | | | | | | | | **ABN:** |
| **Postal Address:** | | | | | | | | | | | | |
| **Suburb: State: Postcode:** | | | | | | | | | | | | |
| **Company Contact Person** | **Contact Name:** | | | | | | | | | | | | |
| **Title:** | | | | | | | | | | | | |
| **Phone: E-Mail:** | | | | | | | | | | | | |
| **Termination Date for Authorisation of Transfer Agent: / /**  (maximum 12 months from date of authorisation) | | | | | | | | | | | | | |
| **IF THE TRANSFER IS FOR A SYSTEM WITHDRAWAL POINT** | | | | | | | | | | | | | |
| *(Evidence of firm capacity – as per AMDQ Procedures section 5.6)*  ***If the company above is the Primary Shipper***  **Service Provider Confirmation:** □  ***If the company above is NOT the Primary Shipper***  **Primary Shipper Confirmation:** □  **Service Provider Confirmation:** □ | | | | | | | | | | | | **Accreditation:**  **Existing Accreditation at SWP is not changing:** □  **Application to Update/ New Accreditation at SWP attached:** □ | | |
| **Transfer Agent(AS AGENT FOR TRANSFEROR)** | | | | | | | | | | | | | |
| **Agent Company Name: Authorisation Letter Provided:** □ | | | | | | | | | | | | | |
| **Agent Postal Address :** | | | | | | | | | | | | | |
| **Suburb : State: Postcode:** | | | | | | | | | | | | | |
| **Contact Name: Title :** | | | | | | | | | | | | | |
| **Phone: E-mail:** | | | | | | | | | | | | | |
| **Agreement** | | | | | | | | | | | | | |
| By signing below, I confirm that I:   1. hold the authorised MDQ described in this Form; or 2. have been duly authorised to act as the Transfer Agent for the holder of the authorised MDQ described in this Form and attach evidence of that authority; and 3. request the transfer of that authorised MDQ to the person describe below. | | | | | | | | | | | | | |
| **Contact Name:**  **Title:**    **□ Transferor □ Transfer Agent** | | | | | | | | | | **Signature:**  **Date: / /** | | | |

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| **Transferee Customer Information** | | | | | | | | | | | | | |
| **MIRN** |  |  |  |  |  |  |  |  |  |  | **MDQ Site Code(optional)** | |  |
| **Site/ Hub**  **Details** | **Site / Hub Name:** | | | | | | | | | | | | |
| **Site Address:** | | | | | | | | | | | | |
| **Suburb: State: Postcode:** | | | | | | | | | | | | |
| **Company Details** | **Company Name:** | | | | | | | | | | | **ABN:** | |
| **Postal Address:** | | | | | | | | | | | | |
| **Suburb: State: Postcode:** | | | | | | | | | | | | |
| **Company Contact Person** | **Contact Name:** | | | | | | | | | | | | |
| **Title:** | | | | | | | | | | | | |
| **Phone:** | | | | | | | | | | **E-Mail:** | | |
| **authorised mdq Transfer details** | | | | | | | | | | | | | |
| **From Date: / /** | | | | | | | | | | | **To Date : / /** | | |
| **Transferor Diversity Factor:** | | | | | | | | | | | **Transferee Diversity Factor:** | | |
| **Transferor Locational Factor:** | | | | | | | | | | | **Transferee Locational Factor:** | | |
| **Authorised MDQ to be transferred (GJ):** | | | | | | | | | | | **Transferred Site value:** | | |
| **AEMO internal use only** | | | | | | | | | | | | | |
| **Planning Department Sign Off:**  **Date: / /** | | | | | | | | | | | **Settlements Sign Off:**  **Date: / /** | | |

Email the completed form to: settlements@aemo.com.au