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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