

# DECLARATION OF RULE PARTICIPANT DEREGISTRATION

## General Information

This form is to be completed by a Rule Participant that wants to de-register in one or more classes of Rule Participant in the Western Australian Wholesale Electricity market.

## Participant Information

### 1. Applicant details

a) Participant short name in Wholesale Electricity Market System (WEMS) :.....

b) Class(es) of Rule Participation to be de-registered from: (please tick)

		Proposed de-registration date*
Market Generator	<input type="checkbox"/>	_____
Market Customer	<input type="checkbox"/>	_____
Network Operator	<input type="checkbox"/>	_____
Ancillary Service Provider	<input type="checkbox"/>	_____

\*date should be at least 10 business days from the date of delivery to AEMO

## Declaration

(To be signed by two Directors of your organisation; or a Director and Company Secretary of your organisation; or if the organisation has only a sole director, by that Director.)

On behalf of (Company or business name).....

I declare that the above information constituting the Application is accurate.

(1) Signed:..... Date: ...../...../.....

Name:.....

Position held (circle):      Director      Company Secretary

Postal address:.....

Phone:.....

Fax:.....

Email:.....

(2) Signed:..... Date: ...../...../.....

Name:.....

Position held (circle):      Director      Company Secretary

Postal address:.....

.....

Phone:..... Fax:.....

Email:.....

## **AEMO Contact Information**

### **Assistance:**

If you need any help to complete this form, please contact Market Operations (WA) by phone on 1300 989 797, or by email to [wa.operations@aemo.com.au](mailto:wa.operations@aemo.com.au).

### **Submission:**

This form and any supporting documents are to be submitted to the AEMO at the following address:

Australian Energy Market Operator  
Market Operations (WA)  
PO Box 7096, Cloisters Square  
PERTH WA 6000

Or, send a PDF copy of the completed application form by email to [wa.operations@aemo.com.au](mailto:wa.operations@aemo.com.au)

## **AEMO Employee Use Only**

Reference number to change request: \_\_\_\_\_

Operator name: \_\_\_\_\_

Date of participant name creation: \_\_\_\_\_