Refer to the Wholesale Market AMDQ Procedures for more details: <http://www.aemo.com.au/Gas/Declared-Wholesale-Gas-Market-DWGM/Settlements-and-payments/Settlements/Authorised-Maximum-Daily-Quantity>.

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

## Part 1. Transfer Parties Details

| **Transferor (Party Providing AMDQ) Details** | | | |
| --- | --- | --- | --- |
| Participant Name  (as registered with AEMO) |  | Company ABN |  |
| Participant ID  (as registered with AEMO) |  | | |
| Contact Name |  | Position |  |
| Phone |  | E-mail |  |
| **Transferee (Party Receiving AMDQ) Details** | | | |
| Participant Name  (as registered with AEMO) |  | Company ABN |  |
| Participant ID  (as registered with AEMO) |  | | |
| Contact Name |  | Position |  |
| Phone |  | E-mail |  |

## Part 2. Transfer Agent Information\*

| **Agent Details** | | | |
| --- | --- | --- | --- |
| Company Name |  | | |
| Postal Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |
| Contact Name |  | Position |  |
| Phone |  | E-mail |  |
| Termination date for authorisation of agent  (max 12 months from authorisation date) |  | | |

\* Only if the applicant is a Transfer Agent.

## Part 3. Transfer Details

|  |  |  |  |
| --- | --- | --- | --- |
| AMDQ CC Close Proximity Point |  | | |
| AMDQ CC to be transferred (GJ) |  | | |
| From Date |  | To Date |  |

## Part 4. Authorisation

### 4a. Transferor

By signing below, I confirm that I,

1. Hold the AMDQ described on this Form or hereby authorise the person in part 2 of this Form to act as the Transfer Agent on my behalf.
2. Request for the transfer of AMDQ Credit Certificate as described in this Form.

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

### 4b. Transferee\*\*

\*\* Only if the Transferor is not also the Transferee.

By signing below, I confirm that I consent to the transfer as described in this Form.

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

### 4c. Service Provider#

# Only if the AMDQ was allocated by the Service Provider (AMDQ Procedure clause2.1(b)).

By signing below, I confirm that I approve to the transfer as described in this Form.

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