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.

## Part 1. Market Participant Details

| **Company Details** |
| --- |
| Participant Name(as registered with AEMO) |  | Company ABN |  |
| Participant ID(as registered with AEMO)  |  |
| Postal Address |  |
| Suburb |  |
| State |  | Post Code  |  |
| **Contact Details**  |
| Contact Name |  | Position |  |
| Phone |  | E-mail  |  |

## Part 2. Nomination Details

|  |  |
| --- | --- |
| AMDQ CC Close Proximity Point |  |
| **Nomination Site**  | **From Date** | **To Date** | **AMDQ CC (GJ/day)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Accreditation and Firm Capacity (please tick)\*** |
| Accreditation Requirement(attach Form/s as applicable) | [ ]  Existing accreditation is in place, OR[ ]  Accreditation new / updated application is attached  |
| Evidence of Firm Capacity(attach Form/s as applicable) | [ ]  Market Participant is the Primary Shipper* Service Provider Confirmation Form is attached

[ ]  Market Participant is not the Primary Shipper* Service Provider Confirmation Form is attached
* Primary Shipper Confirmation Form is attached
 |

\* Only if any of the above nominations relates to a System Withdrawal Point at an Interconnect Facility.

## Part 3. Authorisation

By signing below, I confirm that I request for the nomination of AMDQ Credit Certificate as described in this Form.

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