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

## Part 1. Transferor Customer (Site Providing AMDQ) Information

|  |  |  |  |
| --- | --- | --- | --- |
| **MIRN Details** | | | |
| MIRN |  | | |
| MDQ Site Code |  | | |
| Authorised Site MDQ |  | | |
| **Site Details** | | | |
| Site Customer Name |  | | |
| Site Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |
| **Customer Contact Details** | | | |
| Company Name |  | ABN |  |
| Postal Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |
| 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 not the customer of the transferor site.

## Part 3. Transferee Customer (Site Receiving AMDQ) Information

|  |  |  |  |
| --- | --- | --- | --- |
| **MIRN Details** | | | |
| MIRN |  | | |
| MDQ Site Code |  | | |
| **Site Details** | | | |
| Site Customer Name |  | | |
| Site Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |
| **Customer Contact Details** | | | |
| Company Name |  | ABN |  |
| Postal Address |  | | |
| Suburb |  | | |
| State |  | Post Code |  |
| Contact Name |  | Position |  |
| Phone |  | E-mail |  |

## Part 4. Authorised MDQ Transfer Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Transfer Details** | | | |
| Authorised MDQ to be transferred (GJ) |  | | |
| From Date |  | To Date |  |
| **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 (Transferee) is the Primary Shipper   * Service Provider Confirmation Form is attached   Market Participant (Transferee) is not the Primary Shipper   * Service Provider Confirmation Form is attached * Primary Shipper Confirmation Form is attached | | |

\*\* Only if transfer relates to a System Withdrawal Point at an Interconnect Facility.

## Part 5. Authorisation

### 5a. Transferor

By signing below, I confirm that I,

1. Hold the authorised MDQ described in 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 authorised MDQ as described in this Form.

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

### 5b. 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** |

## Part 6. AEMO Internal Use Only

| **Transfer Calculation** | | | |
| --- | --- | --- | --- |
| Transferor Diversity Factor |  | Transferee Diversity Factor |  |
| Transferor Locational Factor |  | Transferee Locational Factor |  |
| Authorised MDQ transferred (Hub Value) |  | Authorised MDQ transferred (Site Value) |  |
| **Sign Off** | | | |
| Planning |  | Settlement |  |
| Date |  | Date |  |

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>.