This Form is to be used to request for Meter Registration and AMDQ details.

E-mail completed form to gassettlement@aemo.com.au.

## Part 1. Customer Information

| **Site Details** |
| --- |
| MIRN  |  |
| 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. 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 requestor is not the customer or Financially Responsible Organisation of the site.

## Part 3. Information Requested (Please tick)

|  |  |  |
| --- | --- | --- |
| **Tick** | **Item** | **To be Completed by AEMO** |
|  | Site Customer Name(May not be the company name) |  |
|  | Site Address(May not be the billing address) |  |
|  | MIRN |  |
|  | MDQ Site Code |  |
|  | Authorised Site MDQ |  |
|  | Locational Factor |  |
|  | Diversity Factor |  |

## Part 4. Authorisation

By signing below, I, the gas customer,

1. Request the information as described in part 3 of this Form, or
2. Hereby authorise the person in part 2 of this Form to act as the Agent on my behalf in respect of gathering the information as described in part 3 of this Form.

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