

Participant Deregistration

GENERAL INFORMATION

This form is to be completed by a Registered Participant that is eligible to deregister.

- Deregistering as a Shipper?* Tick this box if you no longer satisfy the requirements of a Shipper but continue to be a Registered Facility Operator
- Deregistering as a Facility Operator?* Tick this box if you no longer operate any facilities (including Registered and Eligible GBB Facilities) but continue to be a Registered Shipper
- Deregistering as a Participant?* Tick this box if you no longer satisfy the requirements of a Shipper AND no longer operate any facilities

SHIPPER INFORMATION

The deregistering Shipper must fill out this section:

Shipper Company Name: _____

GBB Pipeline(s) on which Shipper Operates:

Reason for deregistration (please attach supporting documentation):

Nominated Deregistration Date: DD/MM/YYYY

FACILITY OPERATOR INFORMATION

The deregistering Facility Operator must fill out this section:

Facility Operator Name: _____

Name(s) of Deregistered Facilities:

Reason for deregistration (please attach supporting documentation):

Nominated Deregistration Date: DD/MM/YYYY

(For more facilities, please attach additional pages)

DECLARATION

(To be signed by authorised person on behalf of the applying company)

On behalf of (company or business name) _____ I declare that the information contained in this form constituting the Application for Deregistration is accurate.

Signed: _____

Date: DD/MM/YYYY

Printed Name: _____

Position Held: _____

Postal Address: _____

Phone Number: _____

Email Address: _____

IMO CONTACT INFORMATION

Assistance

If you need any help to complete this form, please contact the Market Operations Team at the IMO by phone on 9254 4336, or by email to operations@imowa.com.au.

Submission

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

Independent Market Operator
Group Manager; Operations and Technology
PO Box 7096, Cloisters Square
PERTH WA 6000

Or, send a PDF copy of the completed and signed application form by email to operations@imowa.com.au

IMO EMPLOYEE USE ONLY

Participant Code: _____

Operator name: _____

Effective date of Deregistration: DD/MM/YYYY