

GBB Facility Transfer

GENERAL INFORMATION

This form is to be completed by a Registered Facility Operator (the Transferring Operator) to transfer a Gas Bulletin Board Facility to another operator (the Recipient Operator), and must be signed by both the Transferring Operator and the Recipient Operator.

FACILITY TRANSFER INFORMATION

The applicant must fill out all of the fields for facility transfer information on the application form:

Transferring Operator Name: _____

Recipient Operator Name: _____
(If the Recipient Operator is not a Registered Participant, they must register prior to the facility transfer effective date)

Facility Name: _____

Facility Type:

- GBB Pipeline
- GBB Production Facility
- GBB Storage Facility
- GBB Large User Facility

Proposed Facility Transfer Date: DD/MM/YYYY

(Please attach any relevant documentation to this application form, and return completed form to IMO Market Operations)

DECLARATION

(Must be signed by authorised persons on behalf of both the transferring company and the recipient company)

Transferring Operator Declaration:

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

Signed: _____

Date: DD/MM/YYYY

Printed Name: _____

Position Held: _____

Postal Address: _____

Phone Number: _____

Email Address: _____

Recipient Operator Declaration:

On behalf of (company or business name) _____ I declare that the information contained in this form constituting the Application for Gas Bulletin Board Facility Transfer 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

Operator name: _____

Effective date of transfer: DD/MM/YYYY