

# DECLARATION OF RULE PARTICIPANT REGISTRATION

## General Information

This form is to be completed by a Rule Participant that wants to Register in one or more classes of Rule Participant in the Western Australian Wholesale Electricity market.

## Participant Information

### 1. Applicant details

a) Participant Short Name in WA AEMO's Wholesale Electricity Market System (WEMS):.....

b) Class of Rule Participant: (tick applicable classes)

- |                            |                          |
|----------------------------|--------------------------|
| Market Generator           | <input type="checkbox"/> |
| Market Customer            | <input type="checkbox"/> |
| Network Operator           | <input type="checkbox"/> |
| Ancillary Service Provider | <input type="checkbox"/> |

### 2. Determination of Applicant's Credit Limit

The applicant must fill out the details in Appendix 1 in order for AEMO to establish its initial Credit Limit. If you are unable to fill out some of the details, please write "Unable to supply at the present time" on the dotted line.

### 3. Payment of non-refundable Rule Participant Registration application fee

All Applicants must pay the relevant Rule Participant Registration application fee of \$665 (inclusive of GST) in order for their application to be processed. On receipt of this form AEMO will issue the applicant with an invoice for the applicable application fee. Applicants may pay via cheque or deposit directly into the AEMO's bank account.

**Street address:**

Level 17 Governor Stirling  
Tower  
197 St Georges Tce  
PERTH WA 6000

**Bank details:**

National Australia Bank  
Account Name:  
Australian Energy Market Operator Limited Western Australia General  
BSB: Account:  
086-006 23-700-1917

## Declaration

(To be signed by two Directors of your organisation; or a Director and Company Secretary of your organisation; or if the organisation has only a sole director, by that Director.)

On behalf of (Company or business name).....

I declare that the above information constituting the Application is accurate.

(1) Signed:.....

Date: DD/MM/YYYY

Printed name:.....

Position held:        Director/Company Secretary (*delete whichever does not apply*)

Postal  
address:.....

.....

Phone:.....

Fax:.....

Email address:.....

(2) Signed:.....

Date: DD/MM/YYYY

Printed name:.....

Position held:        Director/Company Secretary (*delete whichever does not apply*)

Postal  
address:.....

.....

Phone:.....

Fax:.....

Email address:.....

## AEMO Contact Information

### Assistance

If you need any help to complete this form, please contact Market Operations (WA) by phone on +61 8 9254 4336, or by email to [wa.operations@aemo.com.au](mailto:wa.operations@aemo.com.au)

### Submission

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

Australian Energy Market Operator

Market Operations (WA)  
PO Box 7096, Cloisters Square  
PERTH WA 6000

## **AEMO Employee Use Only**

Reference number to change request: \_\_\_\_\_

Operator name: \_\_\_\_\_

Date of participant name creation: \_\_\_\_\_

### *Appendix 1: Determination of initial credit limit*

1. Number of customers expected to supply:.....  
.....  
.....
2. Expected bilateral contract level:.....  
.....  
.....
3. Estimate of expected generation capacity:.....  
.....  
.....
4. Estimate of expected consumption level:.....  
.....  
.....
5. Estimate of expected STEM sales and purchases:.....  
.....  
.....
6. Expected level of ancillary service payments:.....  
.....  
.....