**Mid West Pipelines JOINT VENTURE**

**A Joint Venture of Horizon Power (ABN 57 955 011 697)**

**and Mid West Pipeline Pty Ltd (ACN  653 012 714)**

**Mid West Pipelines User Access Request Form**

This form, once fully completed and returned, represents an access request in accordance with rule 559 of the National Gas Rules.

All mandatory fields marked with an \* MUST be completed.

Once completed please email this form to: admin@mwpjv.com.au

|  |  |
| --- | --- |
| **PROSPECTIVE USER DETAILS** |  |
| **Customer Name\*** |  |
| If acting as a trustee, partner, agent or any other representative capacity, please identify the other relevant persons to the request\* |  |
| **Entity\*** |  |
| **ABN/ACN\*** |  |
| **Address\*** |  |
| **City / Postcode\*** |  |
| **Contact Name\*** |  |
| **Contact Position\*** |  |
| **Contact Email\*** |  |
| **Contact Phone\*** |  |
| **Proposed Credit Support** |  |
|  |  |
| **SERVICE REQUEST DETAILS** |  |
| **Service Type\*** |  |
| **Term Commencement Date\*** |  |
| **Term End Date\*** |  |
| **New or Existing Load\*** |  |
| **If New Load please provide detail** |  |
| **Provide evidence as to the timing and status of gas supply, the relevant project and/or requirement for requested pipeline capacity?\*** |  |
| **Receipt Point Location\*** |  |
| **Minimum Receipt\* Pressure (kPa)** |  |
| **Maximum Receipt\* Pressure (kPa)** |  |
| **Gas Specification\* Conforms with Mid West Pipelines gas specification on MWPJV website (Yes/No)** |  |
| **Entity Responsible for Delivery of Gas to Receipt Point (if other than the Prospective User)** |  |
| **Address** |  |
| **City / Postcode** |  |
| **Contact Name** |  |
| **Contact Position** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
| **Delivery Point Location\*** |  |
| **Minimum Delivery\* Pressure (kPa)** |  |
| **Maximum Delivery\* Pressure (kPa)** |  |
| **Minimum Delivery Temperature (degC)** |  |
| **Entity Responsible for Controlling Withdrawal of Gas at Delivery Point (if other than the Prospective User)** |  |
| **Address** |  |
| **City / Postcode** |  |
| **Contact Name** |  |
| **Contact Position** |  |
| **Contact Email** |  |
| **Contact Phone** |  |
| **Annual Quantity to be Transported (GJ/a)\*** |  |
| **Maximum Daily Quantity to be Transported – MDQ\* (GJ/d)\*** |  |
| **Maximum Hourly Quantity to be Transported – MHQ\* (GJ/h)\*** |  |
| **Typical Daily Profile\* (please attach graphically if possible)** |  |
| **Typical Weekly Profile\* (please attach graphically if possible)** |  |
| **Typical Hourly Profile\* (please attach graphically if possible)** |  |
| **Additional Details\***  **(Please provide any additional details relevant to this request or mark as ‘not applicable’)** |  |