

# Participant Registration

## GENERAL INFORMATION

*This form is to be completed by a Gas Market Participant that is required to register in one or more classes of Participant under the Gas Services Information (GSI) Rules. These are participants that operate eligible Gas Bulletin Board (GGB) Facilities and/or are Gas Shippers.*

*For information on the requirements to register as a Participant, please see the GSI Procedure: Registration and Exemption, and the GSI Rules.*

## PARTICIPANT INFORMATION

*The applicant must fill out all of the fields for company participant information on the application form except for the ones marked with \* :*

### **Company Details**

Company Name: \_\_\_\_\_

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Postal Address (if different from Company Address): \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Company Fax Number\*: \_\_\_\_\_

*The applicant must nominate a Primary Contact for their company. The contact details for this person will be published on the GBB. If the applicant wishes to nominate more than one person as a contact, please attach additional contact information to this form. Note: Participants may add additional contacts after registration.*

### **Primary Contact Details**

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number\*: \_\_\_\_\_

Mobile Number\*: \_\_\_\_\_ Email: \_\_\_\_\_

*The applicant must also nominate an Administrative User, who will be the primary point of contact for the IMO regarding maintenance of data, contact details and managing of other users on the GBB. The contact details of this user will not be published, unless this person is also a contact on the GBB. Note: Participants may add additional users after registration.*

### **Administrative User Details:**

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Position: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The applicant must select one or more Participant types in which to register (please tick):

**Participant Type**

Facility Operator

Gas Shipper

If the applicant is applying to register as a Gas Shipper, the applicant must complete the Shipper information section of this form.

If the applicant is applying as a Facility Operator, the applicant must complete the Facility Operator section of this form.

**Shipper Information**

If the applicant is applying to register as a Gas Shipper, the applicant must fill out all of the following fields except for the ones marked with \*. The contact details for this person will not be published on the GBB.

**Billing Contact Person**

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number\*: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Pipeline Details**

Pipeline(s) with which company holds contracts: \_\_\_\_\_

**Facility Operator Information**

If the applicant is applying for registration as a Facility Operator, the applicant must complete a relevant application form for every eligible GBB Facility the applicant operates and attach it separately to this application. The following facility application forms are available on the IMO Website:

- [Transmission Pipeline](#)
- [Production Facility](#)
- [Storage Facility](#)
- [Large User Facility](#)

Please indicate how many eligible Facilities you are required to register per Facility type in the Table below:

Facility Type	Number of Eligible Facilities
Transmission Pipelines	
Production Facilities	
Storage Facilities	
Large User Facilities	

## 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 Gas Bulletin Board Registration is accurate.

Signed: \_\_\_\_\_

Date: DD/MM/YYYY

Printed Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile 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](mailto: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](mailto:operations@imowa.com.au)

## IMO EMPLOYEE USE ONLY

Participant Code: \_\_\_\_\_

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

Effective date of Participant registration: \_\_\_\_\_