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| **Part 1. Instructions** |
| This form should be used by distributors to provide notice of changes to gas gate information, including:   * creation of a new gas gate; * changes to existing gas gate information; and * decommissioning of an existing gas gate.   As required by rule 45 of the Gas (Switching Arrangements) Rules 2008 distributors must provide notice to the industry body, registry operator, allocation agent and all affected retailers at least 20 business days before the effective date.  Please complete the sections of this form that are relevant to your requirements. When saving the form, please include the gas gate name and gas gate code in the filename. Certification and submission instructions are provided in Part 5 below. |

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| **Part 2. Submitter Details** | |
| Name |  |
| Title |  |
| Company |  |
| Postal Address |  |
| Telephone |  |
| Facsimile |  |
| Email |  |

| **Part 3. Gas Gate Details** | |
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| Change Requested (select one) | Create a new gas gate  Change existing gas gate information  Decommission an existing gas gate |
| Notice Date |  |
| Effective Date |  |
| Responsible Distributor (Network) Code |  |
| Gas Gate Name |  |
| Gas Gate Code (proposed) |  |
| Notional Delivery Point Code (if applicable) |  |
| Allocable Gas Gate Code (if applicable) |  |
| ICP Type (select one) | Gas gate connected network (GN)  Gas Direct Consumer (GD)  Embedded gas network (EN) |
| Metering Frequency/Type (select one) | Hourly (HO)  Daily (DA)  Monthly (MO)  Unmetered (UN) |
| Responsible Transmission System Operator (TSO) (select one) | First Gas (ex-Maui) (MAUI)  First Gas (ex-Vector) (VCTX) |
| Allocation Information | Exempt from allocation  Allocated Gas Gate  Allocation Start Date:  Allocation End Date: |
| Comments |  |

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| **Part 4. Notification Details**  ***(if appropriate, attach documentation containing the required information to this form)*** | |
| Affected Retailer(s) and Code(s) |  |
| ICP Identifiers of all ICPs created, transferred or decommissioned in association with this gas gate change |  |
| Description and Reason for Change |  |

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| **Part 5. Certification and Submission Instructions** |
| 1. By returning this form electronically the submitter certifies that the information disclosed herein is complete and correct to the best of their knowledge and belief. Return of the form also recognises that this information may be published on the Gas Registry and/or the Gas Industry Co website. 2. Please return copies of this form to:    1. Gas Industry Co at [registry@gasindustry.co.nz](mailto:registry@gasindustry.co.nz);    2. Registry Operator at [gas.registry@jadeworld.com](mailto:gas.registry@jadeworld.com);    3. Allocation Agent at [allocation@ems.co.nz](mailto:allocation@ems.co.nz); and    4. Each of the affected retailers listed in Part 4 above (contact information is available from the Gas Registry at <http://www.gasregistry.co.nz/> under ‘Registry Data 🡪 Participant Register’). 3. Gas Industry Co will acknowledge receipt of this form by return email. Upon verifying certain details, Gas Industry Co will notify the Registry Operator and/or Allocation Agent to make the appropriate system changes. |

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| **FOR GAS INDUSTRY CO USE ONLY** | |
| Gas Year |  |
| Annual UFG Factor |  |
| G1M Gas Gate Indicator |  |
| TOU Load Proportion |  |
| MUFG Volatility Indicator |  |
| **FOR REGISTRY ADMINISTRATOR USE ONLY** | |
| Notice Received | Date Received: |
| Details Verified | Completed By:  Date Completed: |
| Registry Operator Notified | Completed By:  Date Completed: |
| Allocation Agent Notified | Completed By:  Date Completed: |
| Notes |  |