

***Indicates a mandatory field**

SECTION 1: GENERAL (APPLICABLE TO ALL ACCESS REQUESTS)

Item	Description	
1. Name of Customer*		
2. ABN*		
3. Downstream Gas Usage		
4. Contact Details	Name*	
	Position*	
	Phone Number*	
	Email*	
5. Service(s)* Sought	PCA Back Haul Swap	<input type="checkbox"/> If selected, please complete Section 2 of this form
	PCA Firm Forward Haul	<input type="checkbox"/> If selected, please complete Section 3 of this form
	PCA Standard Storage	<input type="checkbox"/> If selected, please complete Section 4 of this form
	PCA Premium Haulage	<input type="checkbox"/> If selected, please complete Section 5 of this form
	PCI Haulage Service	<input type="checkbox"/> If selected, please complete Section 6 of this form
	Other	<input type="checkbox"/> If selected, please complete Section 7 of this form

SECTION 2: APPLICABLE TO THE PCA BACK HAUL SWAP SERVICE ONLY

1. Proposed Service Commencement Date*	
2. Proposed Service Expiration Date*	
3. Proposed Existing Swap Delivery Point/s*	
4. Proposed Existing Swap Receipt Point/s*	
5. New Swap Delivery Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
6. Forecast Annual Flow TJ per Annum	
7. Forecast Peak Daily Flow TJ/d*	
8. Forecast Peak Hourly Flow TJ/h	

SECTION 3: APPLICABLE TO THE PCA FIRM FORWARD HAUL SERVICE ONLY

1. Proposed Service Commencement Date *	
2. Proposed Service Expiration Date*	
3. Proposed Existing Delivery Point/s*	
4. Proposed Existing Receipt Point/s*	
5. New Delivery Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
6. New Receipt Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
7. Forecast Annual Flow TJ per Annum	
8. Maximum Daily Flow TJ/d*	
9. Maximum Hourly Flow TJ/h*	
10. Expected Seasonal Shutdown Periods*	Please provide indicative timing and duration

SECTION 4: APPLICABLE TO THE PCA STANDARD STORAGE SERVICE ONLY

1. Proposed Service Commencement Date *	
2. Proposed Service Expiration Date*	
3. Proposed Standard Storage MDQ TJ*	

SECTION 5: APPLICABLE TO THE PCA PREMIUM STORAGE SERVICE ONLY

1. Proposed Service Commencement Date *	
2. Proposed Service Expiration Date*	
3. Proposed Existing Delivery Point/s*	
4. Proposed Existing Receipt Point/s*	
5. New Delivery Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
6. New Receipt Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
7. Proposed Premium Storage MDQ TJ*	

SECTION 6: APPLICABLE TO THE PCI HAULAGE SERVICE ONLY

8. Proposed Service Commencement Date *	
9. Proposed Service Expiration Date*	
10. Proposed Existing Delivery Point/s*	
11. Proposed Existing Receipt Point/s*	
12. New Delivery Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
13. New Receipt Point/s Required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
14. Forecast Annual Flow TJ per Annum	
15. Maximum Daily Flow TJ/d*	
16. Maximum Hourly Flow TJ/h*	
17. Expected Seasonal Shutdown Periods*	Please provide indicative timing and duration

SECTION 7: APPLICABLE TO REQUESTS FOR OTHER THAN BACK HAUL SWAP, FIRM FORWARD HAUL, STANDARD STORAGE AND PREMIUM STORAGE SERVICES

<p>1. Describe the service being sought and reason for the request.</p> <p>Please also attach any relevant supporting documentation to this request.</p>	
<p>2. Proposed Service Commencement Date*</p>	
<p>3. Proposed Service Expiration Date*</p>	
<p>4. Proposed Existing Delivery Point/s*</p>	
<p>5. Proposed Existing Receipt Point/s*</p>	
<p>6. New Delivery Point/s Required*</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
<p>7. New Receipt Point/s Required*</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Section 8 of this form
<p>8. Forecast Annual Flow TJ per Annum</p>	
<p>9. Forecast Peak Daily Flow TJ/d*</p>	
<p>10. Anticipated Daily or Hourly load profile</p>	
<p>11. Forecast Peak Hourly Flow TJ/h*</p>	

SECTION 8: APPLICABLE TO REQUESTS PROPOSING NEW RECEIPT POINTS OR DELIVERY POINTS / SWAP DELIVERY POINTS ONLY

NEW RECEIPT POINT(S)

<p>1. New Receipt Point required*</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the remaining fields in this table
<p>2. Relevant SEA Gas Pipeline</p>	<input type="checkbox"/> PCA <input type="checkbox"/> PCI Please select the relevant SEA Gas pipeline to which the new point proposed relates
<p>3. Location*</p>	Please provide relevant details, including site plan
<p>4. Proposed Battery Limits*</p>	

5. New Pipeline from Facility required*	<input type="checkbox"/> YES <input type="checkbox"/> NO Distance m (if yes): Other relevant information:
6. Proposed Gas custody transfer point*	
7. Required reliability of Gas receipt facilities	Please provide relevant details regarding tolerance for interruption to SEA Gas' ability to receive gas
8. SEA Gas to provide for odorant injection*	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Requirement for SEA Gas provide uncorrected flow signal to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
10. Requirement for SEA Gas to provide corrected flow to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
11. Requirement for SEA Gas to provide pressure and or temperature data to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
12. Special signals requirements*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
13. Site control room available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Site power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Site 24v UPS power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Customer to provide land required for SEA Gas facilities*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details of proposed arrangements
17. Any Pipeline or Station access restrictions*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details

NEW DELIVERY POINT(S) / SWAP DELIVERY POINT(S)

1. New Delivery Point / Swap Delivery Point required*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the remaining fields in this table
2. Relevant SEA Gas Pipeline	<input type="checkbox"/> PCA <input type="checkbox"/> PCI Please select the relevant SEA Gas pipeline to which the new point proposed relates
3. Location*	Please provide relevant details, including site plan
4. Forecast Minimum Daily Flow TJ/d	
5. Forecast Minimum Hourly Flow TJ/h*	
6. Forecast Peak Daily Flow TJ/d	
7. Forecast Peak Hourly Flow TJ/h*	
8. Operational days per year	
9. Seasonal shutdown period(s)	Please provide indicative timing and duration
10. Minimum acceptable gas supply pressure kPag*	
11. Maximum acceptable gas supply pressure kPag*	
12. Minimum acceptable gas supply temperature °C*	
13. Maximum acceptable gas supply temperature °C*	
14. Proposed Battery Limits	
15. New Pipeline to Facility required*	<input type="checkbox"/> YES <input type="checkbox"/> NO Distance m (if yes): Other relevant information:
16. Proposed Gas custody transfer point	
17. Required reliability of Gas supply	Please provide relevant details, including whether alternative energy supply is available and any other information regarding tolerance for supply interruption
18. Requirement for SEA Gas provide uncorrected flow signal to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements

19. Requirement for SEA Gas to provide corrected flow to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
20. Requirement for SEA Gas to provide pressure and or temperature data to customer*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
21. Special signals requirements*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide information regarding specific requirements
22. Site control room available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Site power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Site 24v UPS power available*	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Customer to provide land required for SEA Gas facilities*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details of proposed arrangements
26. Any Pipeline or Station access restrictions*	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details

SECTION 9: PROPOSED CREDIT SUPPORT

1. Proposed form of credit support (refer SEA Gas' Standard Terms for the relevant Service for alternatives)*	
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SECTION 10: CONFIDENTIALITY

Access Requests to be accompanied by a signed copy of SEA Gas' Confidentiality Agreement, which is available at for download at seagas.com.au/services/access-to-services

INTERNAL OFFICE USE ONLY:
Date Received: Comments:
Staff Members Name: Title: