

# Information Sharing Application Form

## Use / directions

This form is for use when requesting Transgrid's confidential electricity information in accordance with our Information Sharing Protocol.

Completed forms must be sent via email to [ring.fencing@transgrid.com.au](mailto:ring.fencing@transgrid.com.au).

Please refer to <https://www.transgrid.com.au/about-us/regulatory-framework/ringfencing>.

For any assistance with completing this form, please contact [ring.fencing@transgrid.com.au](mailto:ring.fencing@transgrid.com.au).

By signing and submitting this form, the Requesting Entity consents to its details and the details of its information request being made publicly available on our information sharing register.

## Requesting Entity's Details

Full legal name:

ABN/ACN (if applicable):

Address:

Email address (where the confidential information to be sent):

Contact name:

Position:

Telephone number:

Email:

Alternate contact (if applicable):

Position:

Telephone number:

Email:

Description of requesting entity's business activities (if applicable):

## Information Request

The kind of information being requested:

Description of information requested:

\*Describe the kind of information requested in sufficient detail to enable other legal entities to make an informed decision about whether to also request that kind of information.

Proposed use of the information:

## Acknowledgement and Authority

Release of information will be subject to accepting Transgrid's terms and condition for data security and confidentiality. These terms and conditions will be provided to the applicant after the initial request is made.

Where Transgrid discloses information under its Information Sharing Protocol, the recipient of information is bound by the same confidentiality obligations of the Transmission Ring-Fencing Guideline that would apply if they were a transmission network service provider.

The Requesting Entity is responsible for all costs it incurs in relation to registering on the Information Register and accessing the confidential information. You warrant that you have the authority to sign this agreement on behalf of the Requesting Entity.

Signature:

Name:

Position:

Date: