

Electricity Licence Application Form Retail

Newmont AP Power Pty Ltd

ACN 133 305 307

Electricity Industry Act 2004 (WA)

October 2008

Applicant Details

Applicant Details	
Name	Newmont AP Power Pty Ltd
Registered Office (if a Corporation)	Level 1 388 Hay Street Subiaco WA 6008
Principal Place of Business (if different from Registered Office)	-

Contact Details	
Contact Name	Stephen Cole
Mail Address	Level 1 388 Hay Street Subiaco WA 6008
Email	Stephen.Cole@newmont.com
Telephone	08 9423 6473
Fax	08 9423 6176

Company Structure	
ABN or ACN	ACN 133 305 307
Legal Nature of Applicant	Proprietary company limited by shares
Place of Incorporation	Western Australia

Classification of the Licence	Application	
Type of Licence Application	Generation Transmission Distribution Retail Integrated Regional	I □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
For Generation and Integrated Regional Licences	Installed Capacity	megawatts
For Transmission and Integrated Regional Licences	Transmission System Length	kilometres
For Distribution and Integrated Regional Licences	Distribution System Length	kilometres
For Retail and Integrated Regional Licences	Number of Customers	3

Designated area of the Licence Applic	ation
Specific Area and/or Address to be covered by this licence.	SWIS area of WA
If the area covered by this licence is restricted to less than 4 Local Government Areas (LGA's) please list them here	Licence covers > 3 LGA's Specific LGA's covered 1 2 3
Region(s) to be covered by this licence	Perth Metropolitan Gascoyne Goldfields-Esperance Great Southern Kimberley Mid-West Peel Pilbara South West Wheatbelt

<u>Certification</u> – Acl	knowledgement of Commitment
knowledge and I a	information provided in this application is correct to the best of my am aware of the requirements under the Act for the licence being t I have the authority to make this application on behalf of the above
Signed by or on bel	half of the applicant ¹ .
Name:	CHRISTOPHER CAMPBELL
Position:	DIRECTOR
Signed:	***************************************
Date:	16/10/08

¹ If signed on behalf of the applicant, please attach the relevant authority to bind the applicant.