Economic Regulation Authority
WESTERN AUSTRALIA
Level 6, Governor Stirling Tower
197 St Georges Terrace
Perth Western Australia 6001
GPO Box 8469
Perth Business Centre
Western Australia 6849
Telephone 08 9213 1900
Facsimile 08 9213 1999
Email enquiry@era.wa.gov.au
Website www.era.wa.gov.au

# 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<br>388 Hay Street<br>Subiaco<br>WA 6008 |
| Principal Place of Business (if different from Registered Office) | - |

| Contact Details | |
|---|---|
| Contact Name | Stephen Cole |
| Mail Address | Level 1<br>388 Hay Street<br>Subiaco<br>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<br>Transmission<br>Distribution<br>Retail<br>Integrated Regional | ☐<br>☐<br>☐<br>√<br>☐ |
| For Generation and Integrated Regional Licences | Installed Capacity | _____<br>megawatts |
| For Transmission and Integrated Regional Licences | Transmission System Length | _____<br>kilometres |
| For Distribution and Integrated Regional Licences | Distribution System Length | _____<br>kilometres |
| For Retail and Integrated Regional Licences | Number of Customers | 3<br>_____ |

| Designated area of the Licence Application | | |
|---|---|---|
| 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<br>Specific LGA's covered<br>1 _____<br>2 _____<br>3 _____ | √ |
| Region(s) to be covered by this licence | Perth Metropolitan<br>Gascoyne<br>Goldfields-Esperance<br>Great Southern<br>Kimberley<br>Mid-West<br>Peel<br>Pilbara<br>South West<br>Wheatbelt | √<br>☐<br>√<br>√<br>☐<br>√<br>√<br>☐<br>√<br>√ |

***Certification – Acknowledgement of Commitment***

I declare that the information provided in this application is correct to the best of my knowledge and I am aware of the requirements under the Act for the licence being applied for and that I have the authority to make this application on behalf of the above entity.

Signed by or on behalf 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.