

This page sets out the instructions for completing the Prescribed Form: Notice of Proposal Withdrawal (Capacity).

All capitalized terms used in these instructions and the Prescribed Form: Notice of Proposal Withdrawal (Capacity), unless otherwise stated, have the meanings ascribed to them in the LT2(c-1) RFP.

INSTRUCTIONS APPLICABLE TO ALL PRESCRIBED FORMS:

- a. The first page of a Prescribed Form should be marked with the name of the Long-Term Capacity Services Project, that is the subject of the Proposal. The Proponent should use the name given to the Long-Term Capacity Services Project in the Prescribed Form: Proponent Information, Declarations and Workbook (Capacity).
- b. This instruction page is not required to be submitted as part of the completed Prescribed Form.
- c. The Prescribed Form is required to be submitted electronically via email to the IESO at LT2.RFP@ieso.ca.
- d. Information provided in each Prescribed Form should be consistent with the information provided in the Proposal.
- e. Where the Prescribed Form has multiple pages, the pages of the Prescribed Form should be kept together in the Proposal in sequential order.
- f. Where a blank field for a section/page reference is provided in a Prescribed Form, enter the section/page reference of the Proposal where the substantiating evidence for that particular item can be found.
- g. Apart from the completion of any blanks, drop down lists, check boxes or similar uncompleted information in a Prescribed Form, no amendments may be made to the wording of a Prescribed Form.
- h. Each Prescribed Form must be completed in its entirety. Fields marked <if applicable> must be completed if applicable to the Proposal. If not applicable, they should be marked "Not Applicable".
- i. If a signature is required for a Prescribed Form, the Prescribed Form must be signed by a person with authority to bind the Proponent. The Prescribed Form may be printed, signed and scanned, or may be signed digitally through Adobe (Digital ID, or Fill and Sign), Apple Preview or DocuSign.
- j. With the exception of this instruction page, instructions within a Prescribed Form will be enclosed in brackets.

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Capitalized terms not defined herein have the meanings ascribed to them in the LT2(c-1) RFP.

Section 1 – Information of the Proponent and the Long-Term Capacity Services Project:

a.	Unique Project ID of the Long-Term Capacity Services Project: <i><insert Unique Project ID></i>	
b.	Legal name of the Proponent: <i><insert legal name of the Proponent></i>	
c.	Name of the Long-Term Capacity Services Project: <i>< insert name of the Long-Term Capacity Services Project ></i>	

Section 2 - Acknowledgements

By submitting this Prescribed Form: Notice of Proposal Withdrawal (Capacity), the Proponent attests that:

Note: Please check the boxes below.

- a. The Proponent wishes to and does hereby withdraw the Proposal in respect of the above referenced Proponent and Long-Term Capacity Services Project.
- b. The Proponent acknowledges and agrees that by submitting a withdrawal request for the Proposal, the Proposal will be deemed withdrawn under the LT2(c-1) RFP effective upon the IESO's receipt of a completed withdrawal request.
- c. The Proponent acknowledges and agrees that it may not withdraw the Proposal after the Proposal Submission Deadline.
- d. The Proponent hereby represents and warrants that the information contained in this Prescribed Form is complete, true and accurate in all respects.
- e. The Proponent agrees that the IESO will return the Proposal Fee to the Proponent, if applicable, to the bank account provided in the Direct Deposit Banking Authorization set out in Exhibit A.

Note: An email submission of this Prescribed Form: Notice of Proposal Withdrawal (Capacity) from the primary contact of the Proponent is sufficient. No additional hard copies are required to give effect to the withdrawal of a Proposal.

I hereby confirm that I am an individual with the authority to bind the Proponent and that, if applicable, by signing this form using electronic signature, I agree to the content, terms and conditions set out in the document on behalf of the Proponent.

PROPONENT NAME: _____

Per: _____

Print Name:



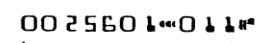
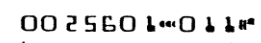
Print Title:

(I have authority to bind the Proponent)

Date Signed:

Exhibit A: Direct Deposit Banking Authorization

<p>*Vendor Name: _____</p> <p>_____</p> <p>*Vendor Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Vendor Number #: _____ (for IESO only)</p> <p>*Contact Name: _____</p> <p>*Contact Email: _____</p> <p>*Vendor Phone#: _____</p> <p>*Email Address for Payment Notification: _____</p> <p style="text-align: right;">(*mandatory field)</p>
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Deposit Account Details	Name of Financial Institution										Indicate if New request or Change (N/C)																
	Full address of Financial Institution																										
	Bank number					Transit number					Account number																
	0																										
	<p>You can find the required information encoded at the bottom left corner of your cheque.</p> <p><u>For example:</u></p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>(1) cheque number</p> </div> <div style="text-align: center;">  <p>(2) transit number</p> </div> <div style="text-align: center;">  <p>(3) institution number</p> </div> <div style="text-align: center;">  <p>(4) account number</p> </div> </div> <p>(1): The cheque number (<u>not</u> required) (2): The 5-digit transit or branch number (3): The 3-digit bank or institution number (after the pre-printed zero) (4): Account number</p>																										

Submission	<p>Please have the form signed by an authorized representative in the “Authorization” section, and email the completed form to Accounts.Payable@ieso.ca with a scanned copy of the following as a mandatory supporting document:</p> <ul style="list-style-type: none"> “VOID” cheque; <i>or</i> Bank Deposit slip; <i>or</i> Bank Letter confirming your banking information (such as a letter or form completed by your bank and signed or stamped by a bank representative).
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Authorization	<p>By signing below, the undersigned has authorized signing authority for the purpose of completing this Direct Deposit request, and authorizes Independent Electricity System Operator to credit my invoice payments to the account I have designated.</p> <p>Signature of Authorized representative: _____ Date: _____</p> <p>Signature of Co-authorized representative: _____ Date: _____</p> <p>This authorization must be signed in accordance with the signing authority required on the account.</p> <p>In accordance with the Freedom of Information and Protection of Privacy Act, this information will only be used for direct deposit payments.</p> <p><i>All information submitted is treated as private and confidential.</i></p>
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