120 Adelaide Street West Suite 1600 Toronto, Ontario M5H 1T1 T 416-967-7474 F 416-967-1947 www.ieso.ca

# Prescribed Form: Registration Form (Capacity) MT2.RFP@ieso.ca

MT2(c)PF-REG100

This page sets out the instructions for completing the Prescribed Form: Registration Form.

All capitalized terms used in these instructions and the Prescribed Form: Registration Form, unless otherwise stated, have the meanings ascribed to them in the MT2(c) RFP.

#### **Instructions applicable to all Prescribed Forms:**

- a. This instruction page is not required to be submitted as part of the completed Prescribed Form.
- b. The Prescribed Form is required to be submitted electronically via email to the IESO at <a href="MT2.RFP@ieso.ca">MT2.RFP@ieso.ca</a>.
- c. Information provided in each Prescribed Form should be consistent with the information provided in the Proposal.
- d. Where the Prescribed Form has multiple pages, the pages of the Prescribed Form should be kept together in the Proposal in sequential order.
- e. Where a blank field for a section/page reference is provided in Prescribed Form, enter the section/page reference of the Proposal where the substantiating evidence for that particular item can be found.
- f. 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.
- g. Each Prescribed Form must be completed in its intirety. Fields marked <if applicable> must be completed if applicable to the Proposal. If not applicable, they should be marked "not applicable".
- h. 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 Described Form may be printed, signed and scanned, or may be signed digitally through Adobe Original ID, or Fill and Sign), Apple Preview or DocuSign.
- i. With the exception of this perfection page, instructions within a Prescribed Form will be enclosed in brackets.

## Instructions specific to the Prescribed Form: Registration Form (Capacity)

- j. A separate Prescribed Form: Registration Form and a separate associated Registration Fee is required for each Proposal the Proponent intends to submit under the MT2(c) RFP as per Section 3.4. A Proponent that wishes to submit Proposals for multiple Qualified Facilities must submit a separate Prescribed Form – Registration Form and associated Registration Fee for each Qualified Facility.
- k. The Prescribed Form: Registration Form must be completed and submitted via email to the IESO at MT2.RFP@ieso.ca prior to the registration deadline set out in the MT2(c) RFP. The Registration Fee must be paid via electronic funds transfer or wire payable to the "Independent Electricity System Operator". The electronic funds transfer or wire must include a reference in the format prescribed in Section 3 of this Prescribed Form Registration Form.
- Qualified Applicant and Qualified Facilities has the meaning given in 2.1(a) of the MT2(c) RFP

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Please note: Redistration Period has closed



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Capitalized terms not defined herein have the meanings ascribed to them in the MT2(c) RFP.

Qualified Applicants wishing to register as eligible Proponents under this MT2(c) RFP must complete this Prescribed Form: Registration Form and submit it to the IESO by the Registration Deadline identified in the Timetable in Section 3.1 of the MT2(c) RFP, together with the non-refundable Registration Fee of \$500.

The Registration Fee must be paid via electronic funds transfer or wire payable to the "Independent Electricity System Operator" prior to the Registration Deadline identified in the Timetable in Section 3.1 of the MT2(c) RFP. No other forms of payment will be accepted. It is the responsibility of Qualified Applicants wishing to register as Proponents to determine what, if any, fees may be associated with the payment of the Registration Fee (including, without limitation, all banking or transfer fees) and to pay such fees.

#### Section 1 - Attestation

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With the completion and submission of this Prescribed Form: Registration orm, the prospective Proponent attests that:

<Check boxes (a), (b) and (c) below as applicable>

- a) The prospective Proponent qualifies as a Qualified Applicant
- b) The Electricity resource described herein costitutes a Qualified Facility
- c) The prospective Proponent has paid the Registration Fee and notified IESO Treasury by emailing <a href="mailto:ieso.treasury@ieso.ca">ieso.treasury@ieso.ca</a> with the details in Section 3.

[Note: This attestation does not content the undersigned as a Qualified Applicant or the subject facility as a Qualified Facility for the MT2(c) RFP. Eligibility as a Qualified Applicant and Qualified Facility will be evaluated as part of the Proposal evaluation under the MT2(c) RFP.]



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# **Section 2 – Registration and Contact Information**

Registration information for the Qu	alified Applicant and the Qualified Facility
Legal name of the Qualified Applicant:	
Name of the Qualified Facility:	
Fuel Type of Qualified Facility:	
Qualified Facility's Nameplate Capacity (MW):	
Qualified Facility's Reference Seasonal ICAP (MW) – Summer:	<b>&gt;</b>
Qualified Facility's Reference Seasonal ICAP (MW) – Winter:	c closed
Qualified Facility's previous contract:	
IESO Facility registration of the Qualified Facility (if applicable):	ed Applicant Period Ras
Contact information for the Qualifie	ed Applicant
Qualified Applicant phone number:	So.
Qualified Applicant email address:	rion
Qualified Applicant mailing address:	ckar
Primary Contact name:	adis
Primary Contact phone number:	
Primary Contact email address:	
Primary Contact mailing address:	
Secondary Contact name	
Secondary Contact hone number:	
Secondary Contact email address:	
Secondary Contact mailing address:	





MT2(c)PF-REG100

## **Section 3 – Registration Fee Information**

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F	Pavment f	for the I	Registration	Fee must	be sent to t	the fo	llowina	banl	k account:

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Beneficiary:	Independent Electricity System Operator					
Beneficiary Address:	1600-120 Adelaide St West, Toronto ON M5H 1T1					
Bank:	The Toronto-Dominion Bank					
Bank Address:	55 King St West, Toronto ON M5K 1A2					
Bank ID:	004					
Transit No.:	10202					
Account No.:	0690-5618464					
Swift Code:	TDOMCATTTOR					
In order to ensure your of include a deposit referent (Example: MT2-Company)	nce identifier in the form of: MT	tly applied, the electronic function and the rest of the second state of the second st				
After making the payme	ent, an email must also be se	nt to <u>ieso.treasus (Peso.ca</u> with the following				
information:						
Qualified Applicant Na	me:	Period Will the following				
Name of the company different from Propone	that deposited the fee (if	6,				
Registrant ID:	sit Name)					
regionant 151	*6.0					
Facility Name:	dist					
Expected Deposit Date	e: <b>Q</b>					
Deposit Amount:	Zo.					
PROPONENT NAME:		_				
Per:	€ <u>o</u>					
Print Name:						
Print Title:						
(I have authority to bine	d the Proponent)					
Date Signed:						