

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

IESORDP-FORM-001(2021-12)

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 MT I 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 MT.RFP@ieso.ca.
- 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 a 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 entirety. 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 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.
- i. With the exception of this instruction page, instructions within a Prescribed Form will be enclosed in brackets.

## Instructions specific to this Prescribed Form – Registration Form

- 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 MT I 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 <a href="MT.RFP@ieso.ca">MT.RFP@ieso.ca</a> on the same day as the submission of the Registration Fee. 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.

i

IESORDP-FORM-001(2021-12)



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

# THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK



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

Capitalized terms not defined herein have the meanings ascribed to them in the MT I RFP.

Qualified Applicants wishing to register as Proponents under this MT I 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 MT I 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 MT I 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

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

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

- a) The Proponent qualifies as a Qualified Applicant
- b) The Electricity generation or storage facility constitutes a Qualified Facility
- c) The proponent has paid the Registration Fee and notified IESO Treasury by emailing ieso.treasury@ieso.ca with the details in Section 3.

[Note: This attestation does not confirm the applicant as a Qualified Applicant or the facility as a Qualified Facility for the MT I RFP. Eligibility as a Qualified Applicant and Qualified Facility will be evaluated as part of the proposal evaluation.]

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

Registration information for the Qualified Applicant and the Qualified Facility

Legal name of the Qualified Applicant:

Name of the Qualified Facility:

Fuel Type of Qualified Facility:

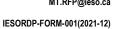
Qualified Facility's Nameplate
Capacity (MW):

Qualified Facility's Reference Seasonal
ICAP (MW) – Summer:

Qualified Facility's Reference Seasonal
ICAP (MW) – Winter:

Qualified Facility's previous contract
(if applicable):

IESO Facility registration of the
Qualified Facility (if applicable)





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

Contact information t	for the (	Qualified	Applicant
Qualified Applicant pho	one numl	ber:	

Contact information	for the Qualifie	ed Applicant	t						
Qualified Applicant ph	one number:								
Qualified Applicant en	nail address:								
Qualified Applicant ma									
Primary Contact name									
Primary Contact phone	e number:								
Primary Contact email	address:								
Primary Contact mailir	ng address:								
Secondary Contact name:									
Secondary Contact phone number:									
Secondary Contact en	nail address:								
Secondary Contact ma	ailing address:								
Section 3 – Registrat	ion Fee Inform	ation							
Payment for the Registra	ation Fee must be	sent to the fo	ollowing	bank ac	count:				
Beneficiary:	Independent Ele	ctricity Syster	n Opera	ator					
Beneficiary Address:	1600-120 Adelaide St West, Toronto ON M5H 1T1								
Bank:	The Toronto-Dom	ninion Bank							
Bank Address:	55 King St West,	, Toronto ON	M5K 1A	.2					
Bank ID:	004								
Transit No.:	10202								
Account No.:	0690-5618464								
Swift Code:	TDOMCATTTOR								
In order to ensure your include a deposit referer Year (Example: MT-Con	deposit is identifie nce identifier (Qua npanyA-2021)	ed and correct lified Applicar	dy applie nt ID) in	ed, the el the form	ectronic f n of: MT-	unds tra Qualifie	nsfer o d Appli	r wire must cant Name -	_
After making the payminformation:	ent, an email mu	st also be ser	nt to <u>ies</u>	so.treasu	ry@ieso.	ca with	the foll	owing	
Qualified Applicant Na	me:								
Qualified Applicant ID									
Expected Deposit Date	e:								
Deposit Amount:									
PROPONENT NAME:			_						
Per:									
Print Name:									
Print Title:									
(I have authority to bin	d the Proponent)	1							
Date Signed:									