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 Medium-Term RFP.

**Instructions applicable to all Prescribed Forms:**

1. This instruction page is not required to be submitted as part of the completed Prescribed Form.
2. The Prescribed Form is required to be submitted electronically via email to the IESO at [MT.RFP@ieso.ca](mailto:MT.RFP@ieso.ca).
3. Information provided in each Prescribed Form should be consistent with the information provided in the Proposal.
4. Where the Prescribed Form has multiple pages, the pages of the Prescribed Form should be kept together in the Proposal in sequential order.
5. 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.
6. 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.
7. 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".
8. If a signature is required for a Prescribed Form, the Prescribed Form must be signed by a person with authority to bind the Proponent.
9. 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**

1. A separate Prescribed Form – Registration Form and a separate associated Registration Fee is required for each Proposal the Proponent intends to submit under the Medium-Term 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.
2. The Prescribed Form – Registration Form must be completed and submitted via email to the IESO at [MT.RFP@ieso.ca](mailto:MT.RFP@ieso.ca) 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.

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Capitalized terms not defined herein have the meanings ascribed to them in the Medium-Term RFP.

Qualified Applicants wishing to register as Proponents under this Medium-Term 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 Medium-Term 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 Medium-Term 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>

1. The Proponent qualifies as a Qualified Applicant
2. The Electricity generation or storage facility constitutes a Qualified Facility
3. The proponent has paid the Registration Fee and notified IESO Treasury by emailing [ieso.treasury@ieso.ca](mailto: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 Medium-Term 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: | <Enter the legal name of the Qualified Applicant> |
| --- | --- |
| Name of the Qualified Facility: | <Enter the name of the Qualified Facility> |
| Qualified Facility’s Nameplate Capacity (MW): | <Enter the Qualified Facility’s Nameplate Capacity (MW)> |
| Qualified Facility’s Reference Seasonal ICAP (MW) – Summer: | <Enter the Qualified Facility’s Reference Seasonal ICAP (MW) - Summer> |
| Qualified Facility’s Reference Seasonal ICAP (MW) – Winter: | <Enter the Qualified Facility’s Reference Seasonal ICAP (MW) - Winter> |
| Qualified Facility’s previous contract (if applicable): | <Enter the Qualified Facility’s previous IESO or OEFC contract> |
| IESO Facility registration of the Qualified Facility (if applicable) | <Enter the IESO Facility registration details for the Qualified Facility> |

**Contact information for the Qualified Applicant**

| Qualified Applicant phone number: | <Enter the Qualified Applicant’s phone number> |
| --- | --- |
| Qualified Applicant email address: | <Enter the Qualified Applicant’s email address> |
| Qualified Applicant mailing address: | <Enter the Qualified Applicant’s mailing address> |
| Primary Contact name: | <Enter the Primary Contact’s name> |
| Primary Contact phone number: | <Enter the Primary Contact’s phone number> |
| Primary Contact email address: | <Enter the Primary Contact’s email address> |
| Primary Contact mailing address: | <Enter the Primary Contact’s mailing address> |
| Secondary Contact name: | <Enter the Secondary Contact’s name> |
| Secondary Contact phone number: | <Enter the Secondary Contact’s phone number> |
| Secondary Contact email address: | <Enter the Secondary Contact’s email address> |
| Secondary Contact mailing address: | <Enter the Secondary Contact’s mailing address> |

**Section 3 – Registration Fee Information**

Payment for the Registration Fee must be sent to the following bank account:

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 deposit is identified and correctly applied, the electronic funds transfer or wire must include a deposit reference identifier (Qualified Applicant ID) in the form of: MT- Qualified Applicant Name – Year (Example: MT-CompanyA-2021)

After making the payment, an email must also be sent to [ieso.treasury@ieso.ca](mailto:ieso.treasury@ieso.ca) with the following information:

| Qualified Applicant Name: | <Enter the Qualified Applicant name> |
| --- | --- |
| Qualified Applicant ID: | <Enter the Qualified Applicant ID> |
| Expected Deposit Date: | <Enter the expected Deposit Date> |
| Deposit Amount: | <Enter the Deposit Amount> |

**PROPONENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Per: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Print Title:

(I have authority to bind the Proponent)

Date Signed: