



MARKET OPERATOR

Application Form For Registration As A Participant In The Nigerian Electricity Market

APPLICATION FORM FOR REGISTRATION AS A PARTICIPANT (MRRRLE 14)

IMPORTANT NOTICE: Your Application is incomplete unless all required documents are submitted and the application is accompanied by the appropriate processing fee.

1. PARTICULARS OF APPLICANT (COMPANY)

Profile of Participant - A

Name: _____

Business Address: _____

Postal Address: _____

State: _____

Country: _____

Telephone Number: _____

Fax: _____

Mobile Phone Number: _____

E-mail Address: _____

Website Address: _____

Profile of Authorized Representative - B

Name and Details of Authorized Representative

Name: _____

Business Address: _____

Postal Address: _____

State: _____

Country: _____

Telephone Number: _____

Fax: _____

Mobile Phone Number: _____

E-mail Address: _____

Website Address: _____

2. NIGERIA ELECTRICITY REGULATORY COMMISSION - NERC

i. License Number: _____

ii. Date of Issue: _____

iii. Duration: _____

iv. Expiry Date: _____

v. License Type: _____

3. GENERATION

Mark (X) in the Appropriate Box

1. Grid Connection

☐

2. Off - Grid/Embedded/Captive

☐

Distribution

1. Grid Connection

☐

2. Off - Grid/Embedded/Captive

☐

Transmission Service Provider

☐

Trader

☐

Eligible Customer (Local)

☐

Eligible Customer (International)

☐

Others (Specify)

☐

Note: Attach a photocopy of the NERC issued License

4. GENERATION PROFILE

S/N Name Mark (X) in the Appropriate Type

1.0	Thermal	
1.1	Coal	
1.2	Gas	
1.3	Diesel	
2.0	Hydro (Water)	
3.0	Renewable	
3.1	Solar	
3.2	Wind	
3.3	Biomass	
4.0	Others (Specify)	

I. Generator/Generating group detailed information

Installation Capacity

Other Information

Technical data for Applicant's generating Unit Listing the Generating Unit's fixed electrical parameters.

- I The Applicant Participant's System data, comprising of single line diagrams, the electrical parameters relating to the applicant participant's facilities connected to the System Operator Control Grid.
- ii. The Applicant Participant's load characteristics, providing the estimated parameters of load groupings in respect of, for example, harmonic content and response to frequency deviations.
- iii. Data relating to Reactive Support Service Facilities other than those owned by the TSP
- iv. Short circuit in feed to the System Operator Controlled Grid from the Applicant Participant's System at any connection point.
- v. Maximum net capacity of the generating unit.
- vi. Minimum synchronization of the generating unit.
- vii. Minimum level of output for which the generation unit must, or is scheduled to run.
- viii. The minimum continuous run time of the generating unit, if it is scheduled to run.
- ix. The minimum continuous down time of the generating unit, if it is scheduled to desynchronize.
- x. The maximum ramp-up of the generating unit.
- xi. The minimum ramp-up of the generating unit.
- xii. The maximum availability.
- xiii. The ancillary service capacity(Specify)
- xiv. The Governor droop; and
- xv. Automatic voltage regulatory capacity
- xvi. Such other details, information and documentation as may reasonably be required by the System Operator.

Note: Market Operator shall require tests to be carried out on applicant participant's equipment. Successful completion of these tests is a condition for admission.

5. TRADING POINTS DATA SUBMISSION

List of trading points where energy is either injected or extracted from the Grid

Transmission Region		Transmission Station		Feeder name		Meter number	
S/N	NAME	S/N	NAME	S/N	NAME		
1		1		1			
				2			
				3			
				4			

6. BANK DETAILS

Information on Bank that will be used for settlement

1. Bank Name: _____
- ii. Branch: _____
- iii. Address: _____
- iv. Account Name: _____
- i. Sort Code: _____

7. ATTACHMENTS (Mark [X] in the Appropriate Box below)

- | | |
|---|--------------------------|
| A. A Copy of NERC License | <input type="checkbox"/> |
| B. An evidence of payment of the Registration fee of N5M -
Subject to review | <input type="checkbox"/> |
| C. A copy of the TSP or Distribution Connection Agreement | <input type="checkbox"/> |
| D. A copy of Certificate of Incorporation | <input type="checkbox"/> |
| E. Technical data (to include metering system, single line diagram etc) | <input type="checkbox"/> |

SIGNATURE OF PARTICIPANT'S REPRESENTATIVE

Name: _____

Signature and Stamp _____

Date: _____

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FOR OFFICIAL USE ONLY

1. Date of submission of Application: _____
2. Fees paid and Receipt Number: _____
3. Results of Verification for Completeness _____
4. Recommendation by the General Manager (MD)

5. Date of sending Acknowledgment _____
6. Date of Letter Conveying Registration: _____
7. Other Relevant Information: _____

8. Approval by Market Operator

Name: _____

Position: _____

Date: _____



**Office Address: Plot 441, Zambezi Crescent,
Maintama District, Abuja - Nigeria**

MO Registration Form