

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name:

Rate Code: D__

Type of Service: **Firm Intra Delivery Transportation**

Number of Delivery Points:

Effective 20 _____ **, 09:00 Central Clock Time (CCT)**

I. Receipt Point

Receipt Code	Receipt Point Name & Location	Max Day (GJ/d)
7777	TransGas Energy Pool	

II. Delivery Point(s)

[-----For Assignments-----]

Contract #	Delivery Code	Delivery Point Name & Location	Pressure kPa		Max Day (GJ/d)	Expiry Date	Renewal Rights	Energy Assigned	Return Date	Assignor(ee) Contract #	Assignor(ee) Name
			Min	Max							
Total											

III. Additional Conditions

An Associated Interruptible Schedule of Service is associated with this Firm Schedule of Service held by _____ (customer's name) _____. Any additional conditions of Service outlined on this Firm Service Schedule of Service will apply in the same manner to the Associated Interruptible Service.

This schedule forms part of the TransGas Service Agreement, dated _____ between _____ and TransGas Limited, which binds the parties to the TransGas Comprehensive Tariff and shall be deemed to be attached thereto.

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20

PER: _____

PER: _____

TRANSGAS LIMITED

Notations:

Renewal Rights:

YAIT = Yearly After Initial Term
 NRR = No Renewal Rights.

Return Date:

Applies to Temporary Assignments Only

Energy Assigned:

Plus (+) indicates Energy Assigned From Assignor
 Negative (-) indicates Energy Assigned Away To Assignee