

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name:

Rate Code:

Type of Service: **Interruptible 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	as authorized by TransGas

II. Delivery Point(s)

Contract #	Delivery Code	Delivery Point Name & Location	Pressure kPa		Max Day (GJ/d)	Renewal Rights
			Min	Max		
					as authorized by TransGas	Month to Month

III. Additional Conditions

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: _____
"CUSTOMER NAME"

PER: _____
TRANSGAS LIMITED