

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name: _____

Type of Service: **Firm Low Heating Value
Surcharge Service**

Rate Code: **HV001**

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

| Contract No. | Receipt Point | CSO Agreement | Max. Daily Qty (g/d) | Min. Heat Value | Expiry Date |
|--------------|---------------|---------------|----------------------|-----------------|-------------|
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II.

Renewal Rights: Evergreening for a further one year unless terminated under the Term provision of the Service Specification.

III. Additional Conditions: n/a

IV. Comments:

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

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20__

PER: _____
CUSTOMER NAME

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20__

PER: _____
TRANSGAS LIMITED