

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name:

Rate Code: **R-11.1**

Type of Service: **Receipt Transportation – Short Term Firm**

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

I. Receipt Point(s)

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

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

II. Delivery Point

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

III. Additional Conditions

An Associated Interruptible Schedule of Service is associated with this Firm Schedule of Service held by _____ (customer's name) _____. All applicable 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: _____
"CUSTOMER NAME"

PER: _____
TRANSGAS LIMITED

Notations:

Renewal Rights:

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