

APPENDIX "D"

LH TO SH CONVERSION DECOS BID FORM

Existing LH Contract Number: _____

Existing LH Contract Delivery Point: _____ Existing LH Contract Receipt Point: _____

Date of Commencement of LH to SH Conversion: _____
(Must comply with Subsection 10.3(b)(i) of the FT Toll Schedule)

Service Termination Date: _____
(Must comply with Subsection 10.3(b)(ii) of the FT Toll Schedule)

Maximum Capacity to convert: _____ GJ/Day

Minimum Capacity to convert: _____ GJ/Day

Requested SH Contract Receipt Point: _____
(Must be located in the ET as defined in Section 10.2 of the FT Toll Schedule)

SH Contract Delivery Point must be the same as the Existing LH Contract Delivery Point.

Type of Service Requested: FT _____ FT-NR _____ FT-SN _____ EMB _____

Allocated Capacity: _____ GJ/Day

Service Applicant Contact:

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Is this Bid Form conditional upon another Bid Form(s)? **Yes** ____ **No** ____ If **Yes**, the Daily Existing Capacity Open Season Bid Form(s), upon which this Daily Existing Capacity Open Season Bid Form is conditional must be attached. Indicate number of Daily Existing Capacity Open Season Bid Forms attached: _____.

Service Applicant agrees that:

3. This Bid Form once received by TCPL shall be irrevocable and cannot be withdrawn or amended by Service Applicant unless such Daily Existing Capacity Open Season Bid Form is subject to the condition that another Daily Existing Capacity Open Season Bid Form as set out in the Daily Existing Capacity Open Season Bid Form has been accepted and shall be subject to the General Terms and Conditions, the applicable Toll Schedule and List of Tolls of the Tariff; and
4. Service Applicant shall execute the SH Contract within one (1) Banking Day from the day TCPL provides such SH Contract.

Dated this _____ Day of _____, 20____.

Service Applicant: _____

Signed: _____

Name: _____

Title: _____

Signed: _____

Name: _____

Title: _____

APPENDIX "E"

MDS BID FORM

Dates of Open Season: _____

Receipt Point: _____ Delivery Point: _____

Requested MDS Date of Commencement: _____

Requested MDS End Date: _____

Minimum Requested Capacity: _____ GJ/Day Maximum Requested Capacity: _____ GJ/Day

Allocated Capacity: _____ GJ/Day (to be completed by TCPL)

Service Applicant: _____

Contact: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Is this Bid Form conditional upon another Bid Form(s)? **Yes** ____ **No** ____

If Yes, the Bid Form(s), upon which this Bid Form is conditional must be attached.

Indicate number of Bid Forms attached: _____

This MDS Bid Form is binding and irrevocable on the Service Applicant and cannot be withdrawn or amended by Service Applicant after the close of the MDS Open Season. Any modification to this MDS Bid Form, other than to fill applicable blanks, may be considered a non-acceptable bid condition and result in the rejection of this MDS Bid Form.

If this MDS Bid Form is accepted by TCPL and capacity is allocated to the Service Applicant, the Service Applicant shall, within _____ (__) Days of receiving the MDS Contract, execute the MDS Contract and return it to TCPL.

Upon execution of the MDS Contract, the terms and conditions therein shall supersede this Bid Form.

Dated this ____ Day of _____, 20____.

Service Applicant Legal Name: _____

Signed: _____

Name: _____

Title: _____

Signed: _____

Name: _____

Title: _____