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 This Bid Form once received by TCPL shall be irrevocable and cannot be withdrawn or amended by Service Applicant unless such Daily Existing Capacity Open Season Bid Form is subject to the condition that another Daily Existing Capacity Open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:	_____	Signed:	_____
Name:	_____	Name:	_____
Title:	_____	Title:	_____