APPENDIX "C"

LH TO SH CONVERSION NCOS (excluding FT-NR)* OR ECOS 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 for Existing Capacity and Subsection 10.4(b)(i) of the FT Toll Schedule for New Capacity)

Service Termination Date:_____
(Must comply with Subsection 10.3(b)(ii) of the FT Toll Schedule for Existing Capacity and Subsection 10.4(b)(ii) of the FT Toll Schedule for New Capacity.)

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 Bid Form(s), upon which this Bid Form is conditional must be attached. Indicate number of Bid Forms attached:_____.

The Bid Form shall be subject to the General Terms and Conditions, the applicable Toll Schedule and List of Tolls of the Tariff.

Dated this _____ Day of _____, 20 ___.

Service Applicant: _____

Signed:	_____	Signed:	_____
Name:	_____	Name:	_____
Title:	_____	Title:	_____

***** New Capacity is not available for service under FT-NR Transportation Contract