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This MDS Bid Form is binding and irrevocable on the Service Applicant and cannot be withdrawn or amended by Service Applicant after the close of the MDS Open Season.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: _____