

APPLICATION FOR SERVICE ASSIGNMENT

ASSIGNOR INFORMATION

Name of Customer: _____
 MNEC: _____
 Contact Person: _____
 Telephone: _____
 Fax: _____
 Service Type: FT-R _____
 FT-D1 _____
 FT-D2 _____
 FT-P _____
 FT-RN _____
 LRS _____
 OS _____

ASSIGNEE INFORMATION

Name of Customer: _____
 MNEC: _____
 Contact Person: _____
 Telephone: _____
 Fax: _____
 Location **Name** and **Number**: _____

 Effective Date: _____
 Permanent _____ Temporary _____
 Temporary Assignment End Date: _____

Please Select ONE of the following:

☐ **Not to exceed request on selected contract**

CONTRACT NUMBER	VOLUME

☐ **Full request on selected contract**

CONTRACT NUMBER

☐ **Retain request on selected contract**

CONTRACT NUMBER	VOLUME

Are any of the assignments related to a transfer request? Yes _____ No _____
 (If Yes, please indicate which Contracts above by marking with an asterisk)

ASSIGNOR SIGNATURE

**Please Fax to: 403.920.2303 or
 Email to: NGTL_contracting@transcanada.com**