

**APPLICATION FOR REGISTRATION
NATURAL GAS BROKER/AGENT**

1. Name of Broker

Name to Appear on Registration and on marketing materials:
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2. Address of Broker

Street Address

3. Primary Contact for processing this Application: (List alternate if available)

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name:	Full First Name:	Initial:
	Position Held:		
Phone Number:	Fax Number:	E-mail Address:	
Toll Free Number:			

4. Manitoba Contacts: (if any) (List alternate if available)

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name:	Full First Name:	Initial:
	Position Held:		
Manitoba Contact Address (if different than 3 above):			
Phone Number:	Fax Number:	E-mail Address:	

5. Customer Contacts: List alternate if available. (Telephone number etc. at which customers can contact company)

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>			
Other: _____				
		Position Held:		
Customer Contact Address (if different than 3 or 4 above):				
Phone Number:		Fax Number:		E-mail Address:
Toll Free Number:				

6. Business Classification

Sole Proprietor <input type="checkbox"/>	Corporation <input type="checkbox"/>
Partnership <input type="checkbox"/>	Other Specify <input type="checkbox"/>

7. Current Board of Directors/Partners/Owners List below or on attached sheet

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>			
Other: _____				
		Position Held:		
Phone Number:		Fax Number:		E-mail Address:

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>			
Other: _____				
		Position Held:		
Phone Number:		Fax Number:		E-mail Address:

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name:	Full First Name:	Initial:
Position Held:			
Phone Number:	Fax Number:	E-mail Address:	

8. For the Period October 1, to the present:

a) Do you have any salespeople/agents employed in Manitoba?
 No (if no skip b) and c))
 Yes If yes, how many _____

Is your Company licensed as a vendor with the Consumers Bureau? Yes No

Are your salespeople/agents licensed as Direct Sellers in Manitoba? Yes No

b) Please provide an outline of the training courses given to Manitoba salespeople/agents

c) Are your salespeople/agents currently providing all customers, at time of sale

a copy of all contracts signed by that customer? Yes No

a copy of the Board's Guide? Yes No

If No, why not? _____

This information will be retained in confidence with the Board

d) Number of contracts in Manitoba to August 31, of the current year?

Residential: _____ Western Bundled T: _____

Commercial: _____ Western Transportation Service: _____

ABCT Service: _____

e) Have all rebates due to customers been fully paid in accordance with the terms of the contracts with customers Yes No (If no please provide reasons) _____

f) Please describe how the rebates are determined and, if a formula is utilized, provide a sample calculation to determine the rebates to customers _____

g) Did you hold rebate funds in an isolated trust account Yes No
Are you Currently holding the rebate funds in an isolated trust account? Yes No

h) Have there been any instances where gas has not flowed as required in your contracts with Centra Gas Manitoba Inc.? Yes No
If so, please explain _____

9. Gas Supply

a) Please indicate locations from where your gas supply is sourced? _____

b) Your gas is purchased directly from: Producer Third Party

c) Please confirm that your gas supply portfolio for **core customers** has a minimum two year rolling term with related transportation arrangement and daily deliverability assurances. Yes No

d) Please confirm that your firm gas supply contracts have firm transportation arrangements on intra provincial pipelines respecting all Manitoba sales volumes. Yes No

10. Licencing History

If your organization has ever marketed or sold electricity or natural gas in any other jurisdiction, provide the following information.

Company Name	Jurisdiction	Licence Type	Licence/Registration No.

11. This information will be retained in confidence with the Board

Will you be offering contracts to act as an agent for providing gas to residential or commercial customers in Manitoba in the coming gas year?

Residential: Yes No

Commercial: Yes No

12. Please indicate legal/organizational status of the company?

Listed on stock-exchange
(TSE/NYSE/etc.)

Privately held
(Not on a stock exchange)

13. If listed on a stock exchange, please provide annual report and latest annual audited financial statements.

14. If privately held, please provide latest amended audited financial statements.

15. Authorized Signature of Applicant

Print Name and Title	Signature of Applicant	Date Signed
	_____	_____

The following where available must be attached. Indicate why not available.

- A copy of last Annual Return filed with the Companies Branch in Manitoba or a copy of the last Business Name Registration in Manitoba;
- A copy of financial statements, if any, related to Manitoba operations;
- A copy of typical contracts with end users of natural gas, with proprietary information deleted;
- A copy of licences to conduct business in Manitoba; as may be required; and
- A \$500.00 cheque, payable to the Minister of Finance, for the renewal fee.