



SUI SOUTHERN GAS COMPANY LIMITED
CUSTOMER SERVICES DIVISION
SALES DEPARTMENT

APPLICATION FORM

FOR SUPPLY OF GAS FOR:

PLEASE MARK FOR REQUIRED CONNECTION:

- INDUSTRIAL POWER GENERATION CNG STATION H.P COMMERCIAL RECONNECTION
 EXTENSION / ALTERATION CHANGE OF TARIFF

Registered Name of the firm/ company _____

Type of Firm/Company (whether Partnership, Sole Proprietorship, Private or Public Ltd. Co.) _____

Address where gas is required _____

Category of Plot (Domestic/Commercial/Industrial) _____

Telephone: _____

Fax: _____

Correspondence address _____

Telephone: _____

Fax: _____

Name(s) Residential address(es) of Proprietor, Partner or Directors _____

Telephone: _____

Fax: _____

Contact Person's _____ Name: _____

Telephone: _____

Fax: _____

Timing when contact person is available

National Identity Card Number

National Tax Number

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

Product line(s) & brand name (s) _____

Approximate date when gas is required _____

Type of fuel used at present. (Furnace Oil/ Diesel/ KESC) _____

Quantity of Fuel used per month

(Please give last 12-month average, in Tons, Liters, or KWs/month)
(If Available)

What alternate fuel arrangements have you made/ proposed to make for use during gas shortage periods. _____

Whether previously applied for Gas Connection? _____

Was there any gas connection previously on this plot, if YES give details (Name & A/c. No.) _____

Is gas burning equipment available at factory? _____

If not, when is it expected to be installed? _____

Any other information that you may want to give. _____

Future Expansion Program/ Details of Burning Equipment with requirements in next 5-years (if available) _____

(Note: This information is required for Planning purpose only.) _____

TO BE FILLED IF GAS IS REQUIRED FOR INDUSTRIAL/COMMERCIAL USE.

| S. # | Details of Gas Burning Equipment | No. & Size of Equipment | Hours of Daily Operations | Remarks |
|------|----------------------------------|-------------------------|---------------------------|---------|
| 1- | | | | |
| 2- | | | | |
| 3- | | | | |
| 4- | | | | |
| 5- | | | | |

IN CASE OF RE-CONNECTION (FINALLY BILLED CONSUMER).

| | | |
|----|--------------------------------|-------|
| 1- | Consumer No. | _____ |
| 2- | Date of Disconnection | _____ |
| 3- | Reasons of Disconnection | _____ |
| 4- | GSD held before Disconnection | _____ |
| 5- | Dues Cleared (Enclose Receipt) | |

TO BE FILLED IF GAS IS REQUIRED FOR CAPTIVE POWER GENERATION.

| | | |
|----|--|--|
| A- | Type of Equipment (Gas engine, Dual fuel engine, gas turbine or any turbine or any other type) | |
| B- | Hours of Daily Operations | |
| C- | No. of Units proposed | |
| D- | Generating Capacity of each unit | |
| E- | Total Installed Capacity KW | |
| F- | Total Generation in KW per day/24 Hrs. | |
| G- | Gas Consumption per KW Generation in Cft | |
| H- | Gas Consumption per hour in Cft, at full capacity | |
| I- | Gas Consumption for total Generation in 24 hours in Cft | |
| J- | Power Generation will be used for Self-Use or Selling or Both In case Power Generation is to be partly used for self and partly for Sale, please provide details. | |
| K- | Future expansion program / Addl. Gas load in Cft per Hour. | |
| L- | Type of Main product. | |
| M- | Production Capacity per annum. | |
| N- | Average Monthly consumption during last 6 months. | |

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

PLEASE MARK THE RESPECTIVE BOX

| | | YES | NO |
|-----|---|--------------------------|--------------------------|
| 1- | <p>a) For Captive Power Generation:</p> <ul style="list-style-type: none"> ❖ Gas supply for Self-Power Generation would be provided on as and when available basis at different locations. You will provide documentary evidence for efficient use of gas for Power Generation/Co-Generation. ❖ For Service Industries Captive Power Generation would be provided subject to investment of over Rs. 500/-million, duly recommended by Board of Investment (BOI). <p>b) For CNG, valid license from Oil & Gas Regulatory Authority (OGRA)</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2- | <p>a) 4-Copies of scaled factory layout plan showing precise location of gas burning equipments with the expected hourly gas off-take (Cft/Hr.) at each point.</p> <p>b) You would be required to provide space for Gas Meter Room preferably measuring 20 x 12 x 10 ft. (drawing attached) with access from front boundary wall having 3 feet clearance all-around space which may be indicated in the scaled factory layout plan (drawing). However in case of higher connected load larger size Meter Room would be required which will be communicated at the time of internal survey/issuance of internal quotation.</p> <p>c) In case of CNG Station space measuring 16 x 8 x 8 ft. would be required.</p> <p>Please note that Gas Meter Room will only be constructed by you after clearance by SSGC in consultation with our Chief Engineer Utilization as per drawing provided to you.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3- | Copy of current paid Gas Bill/Dues Clearance from SSGC. In case of any previous Gas Connection/Disconnected Gas Supply clearance from SSGC for all the previous arrears, dues and claim. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4- | Brochure/Leaflet/Drawing of gas burning equipment/CNG Compressor/Gas Generator. (In case of Boiler, Boiler drawing/Specification sheet mentioning steam capacity/Heating Surface Area is required). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5- | Copies of NOC from S.I.T.E. Ltd., L.I.E.D.A & if your plot is not situated in their jurisdiction, valid License and N.O.C from relevant authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6- | Memorandum and Articles of Association or Partnership Deed or Proof of your being Sole Proprietor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7- | Lease Agreement/Allotment order, Sale Deed providing your legal occupation and if you are a tenant, landlord's undertaking to the effect that he would pay any of our dues that you may fail to pay to us (As per our specimen draft). | <input type="checkbox"/> | <input type="checkbox"/> |
| 8- | <p>Pay order for Rs. 10,000/- in favor of Sui Southern Gas Co. Ltd. Adjustable against connection charges for Industrial/Power Generation/CNG.</p> <p>Pay order for Rs. 1,000/- in favor of SSGCL adjustable against connection charges for Commercial connection charges.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9- | Write-up giving details of manufacturing process mentioning the machines involved & raw materials used with country (ies) of origin. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10- | Covering letter on Customer's Letterhead . | <input type="checkbox"/> | <input type="checkbox"/> |
| 11- | National Tax No.(N.T.N) (copy). | <input type="checkbox"/> | <input type="checkbox"/> |
| 12- | Authority letter (with NIC copy of authorized person) in favor of your company's officer/ employee (preferably technical person) who is fully conversant with documents/ gas burning equipment(s)/ load requirement(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 13- | National Identity Card No. (Copy). | <input type="checkbox"/> | <input type="checkbox"/> |

Whatever stated above is correct to the best of my knowledge and belief.

Name: _____
 Designation: _____

Signature: _____
 Stamp/ Seal of the Organization: _____

Date: _____

Note:
This form should be accompanied by required attested documents as mentioned above.

For Office Use Only

Documents Submitted By: _____

Documents Received By: _____