



SUI SOUTHERN GAS COMPANY LIMITED  
SALES DEPARTMENT

**RLNG APPLICATION FORM**

**FOR SUPPLY OF GAS FOR:**

**PLEASE MARK  FOR REQUIRED CONNECTION:**

- INDUSTRIAL (FOR PROCESS USE)       COMMERCIAL (FOR CANTEEN /OFFICE KITCHEN USE)
- NEW       RESTORATION / RECONNECTION       ENHANCEMENT       ALTERATION

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 (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: \_\_\_\_\_

Mobile: \_\_\_\_\_

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 \_\_\_\_\_

Furnace Oil/ Diesel/ KESC/ Others  
(PLEASE SPECIFY)

Type of fuel used at present. \_\_\_\_\_

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 is information is required for Planning purpose only.)

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

S. #	Details of Gas Burning Equipment Make, Model, Capacity, (Manufacturer's Technical Data)	No. & Size of Equipment	Hours of Daily Operation	Required Gas Flow Rate	Units/hr (Please specify) mmbtu / cft /m <sup>3</sup> /Kcal
1-					
2-					
3-					
4-					
5-					
6-					
7-					
8-					
9-					
10-					

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

1-	Customer No.	_____
2-	Date of Disconnection	_____
3-	Reasons of Disconnection	_____
4-	GSD held before Disconnection (in PKR)	_____
5-	Dues Cleared (Enclose receipt)	_____

**PLEASE MARK  THE RESPECTIVE BOX**

		<b>YES</b>	<b>NO</b>
1-	<p>a) 4-Copies of scaled factory layout plan showing precise location of gas burning equipment at each point.</p> <p>b) You would be required to provide space for Gas Meter Room if your gas flow requirement is greater than 1,400 cft/hr. preferably measuring 12 x 20 x 10 ft. at road facing boundary wall, with access from outside the boundary wall having 3 feet open to sky clearance, all-around, which should 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>Please note that Gas Meter Room will only be constructed by you after clearance by SSGC.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2-	In case of Reconnection / restoration. 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"/>
3-	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"/>
4-	Copies of NOC from SEZ or if your plot is not situated in their jurisdiction, valid License and N.O.C from relevant authority.	<input type="checkbox"/>	<input type="checkbox"/>
5-	Memorandum and Articles of Association or Partnership Deed or Proof of your being Sole Proprietor.	<input type="checkbox"/>	<input type="checkbox"/>
6-	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.	<input type="checkbox"/>	<input type="checkbox"/>
7-	<p>Pay order for Rs. 10,000/- in favor of Sui Southern Gas Co. Ltd. Adjustable against connection charges for Industrial / process use.</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"/>
8-	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"/>
9-	Covering letter on Customer's <b>Letterhead</b> .	<input type="checkbox"/>	<input type="checkbox"/>
10-	National Tax No. (N.T.N) (copy).	<input type="checkbox"/>	<input type="checkbox"/>
11	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"/>
12-	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: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Stamp/ Seal of the Organization: \_\_\_\_\_

Date: \_\_\_\_\_

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

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For Office Use Only

**Documents Submitted By:** \_\_\_\_\_

**Documents Received By:** \_\_\_\_\_