SSGC

FREE OF COST
(TO BE FILLED BY THE APPLICANT)

PLEASE PROVIDE INFORMATION/ DOCUMENTS TO AVOID DELAY

SUI SOUTHERN GAS COMPANY LIMITED
SALES DEPARTMENT

RLNG APPLICATION FORM

FOR SUPPLY OF GAS FOR:

PLEASE MARK ☑ FOR REQUIRED CONNECTION:

INDUSTRIAL NEW ☐
ENHANCEMENT ☐

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: _____ Mobile: _____

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

Telephone: _____ Fax: _____

Contact Person's Name: _____ Mobile: _____

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 is information is required for Planning purpose only.) _____

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

S. #	Details of Gas Burning Equipments	No. & Size of Equipments	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)	_____

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

	PLEASE MARK ☑ THE RESPECTIVE BOX	YES	NO
1-	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. b) You would be required to provide space for Gas Meter Room preferably measuring 12 x 20 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. 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.	☐	☐
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.	☐	☐
4-	Brochure/Leaflet/Drawing of gas burning equipment. (In case of Boiler, Boiler drawing/Specification sheet mentioning steam capacity/Heating Surface Area is required).	☐	☐
5-	Copies of NOC from SEZ or if your plot is not situated in their jurisdiction, valid License and N.O.C from relevant authority.	☐	☐

6-	Memorandum and Articles of Association or Partnership Deed or Proof of your being Sole Proprietor.	☐	☐
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).	☐	☐
8-	Pay order for Rs. 10,000/- (non-refundable) in favor of Sui Southern Gas Co. Ltd. Adjustable against connection charges for Industrial.	☐	☐
9-	Write-up giving details of manufacturing process mentioning the machines involved & raw materials used with country (ies) of origin.	☐	☐
10-	Covering letter on Customer's **Letterhead.**	☐	☐
11-	National Tax No. (N.T.N) (copy).	☐	☐
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).	☐	☐
13-	National Identity Card No. (Copy).	☐	☐

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.

For Office Use Only

Documents Submitted By: _____

Documents Received By: _____