## SUI NORTHERN GAS PIPELINES LIMITED

APPLICATION FOR \*RLNG BASED CAPTIVE POWER (INDUSTRIAL UNITS) (TO BE FILLED BY THE APPLICANT)

| 1. | Name and Address of the industry.  (IN BLOCK LETTER)  1.1 Name of Contact Person  1.2 Phone Number (s)  1.3 Fax Number(s)  1.4 Email  |  |
|----|---|--|
| 2. | Income Tax Registration No.   |  |
| 3. | Full description & location of the premises where gas is required   |  |
| 4. | Whether gas connection already<br>exists in the Premises (YES/NO)<br>Give details if YES  |  |
| 5. | Approximate distance of nearest industry/location Where SNGPL gas supply already exists. (if 'No. 4' Not applicable)  |  |
| 6. | Status of the applicant (Sole Proprietor/ Public Ltd. Co./Private Ltd. Co./Partnership)   |  |
| 7. | Gas Requirement:- 7.1 In MCF per day 7.2 Generation Capacity 7.3 Equipment Details  |  |
| 8. | Is the Unit Export Oriented (YES/NO)  |  |
| 9. | Indicate the status of industry on the date of Application i.e. whether it is in initial stage of Completion or ready for production or already In production using WAPDA supply. |  |

| 10.           | If already running on WAPDA supply, Give average monthly consumption in MEGA WATTS.   |                   |                                    |  |
|---------------|---|-------------------|------------------------------------|--|
| 11.           | If SNGPL gas network doesn't exist in front of your premises, approximate distance (in meters from nearest Location, where Company's network exists |                   |                                    |  |
| 12. Nea       | arest SNGPL consumer No   | Name              |                                    |  |
|               | y declare that the information provided a<br>zed to disqualify my request for gas conn  |                   | the best of my knowledge. SNGPL is |  |
| •             | premises, or  |                   |                                    |  |
| All rele      | evant documents of the property and busine  | ess are enclosed. |                                    |  |
| OFFIC<br>SEAL | CIAL  |                   | APPLICANT                          |  |
|               |   | (Please A         | attach Photocopy)                  |  |

<sup>\*</sup> RLNG = Regasified Liquefied Natural Gas