### 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 exists in the Premises (YES/NO)**
   
   **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. Nearest SNGPL consumer No. Name

I hereby declare that the information provided above is correct to the best of my knowledge. SNGPL is authorized to disqualify my request for gas connection, if

- the information stated above or provided to the Company is found contrary to the facts, or
- it is not procedurally, technically or operationally feasible to provide gas supply at the said premises, or
- RLNG has not been allocated by the Ministry of Petroleum & Natural Resources

All relevant documents of the property and business are enclosed.

APPLICANT

Signature

OFFICIAL
Name

SEAL
Designation

Identity Card No. (Please Attach Photocopy)

* RLNG = Regasified Liquefied Natural Gas