Annex-B

SUI NORTHERN GAS PIPELINES LIMITED
DETAILS OF EQUIPMENT & GAS LOAD ESTIMATES

1. Name & Address of the firm where gas is required

__________________________
__________________________

Telephone: Office: __________ Fax: __________


<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(use additional sheet if required)

3. Normal operation: Hours/Day _______________ Days/Month ______

Months/Year _______________

Peak Hourly Load __________ Av. Daily Load ______________
Av. Monthly Load __________

4. Anticipated extensions if any, Please give details. __________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________