

PROFILE FORM FOR COMMERCIAL CUSTOMER

- NAME OF ESTABLISHMET:- _____
- CONTACT PERSON NAME:- _____
- PHONE NO.:- _____
- MOBILE NO.:- _____
- ADDRESS:-

- TYPE OF ESTABLISHMENT:-
- PRESENT FUEL:- LPG / DIESEL / KEROSENE / COAL / WOOD / ELECTRICITY
- CONSUMPTION:-
 - DAILY – _____ Kg / Ltr
 - MONTHLY - _____ Kg / Ltr
- NATURAL GAS REQUIREMET:-
 - DAILY _____ SCM Per Day
 - REQUIRED FLOW _____ SCM per Hour
 - REQUIRED PRESSUE _____ (Bar or mbar)
- EQUIPMENT DETAILS:-
- APPLICATION:-
- GAS PIPELINE NETWORK AVAILABLE :- YES / NO

CUSTOMER SIGNATURE

DATE:-