



**PUNJAB INDUSTRIAL ESTATES  
(GAS DEPARTMENT)**



**FOR SUPPLY OF RLNG FOR:**

**PLEASE MARK  FOR REQUIRED CONNECTION:**

INDUSTRIAL     CAPTIVE     EXTENSION     RECONNECTION

Registered Name of the firm/ company

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Type of Firm/Company (whether Partnership, Sole Proprietorship, Private or Public Ltd. Co.)

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Address where gas is required.

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Category of Plot (Industrial – Measurement)

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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Correspondence address

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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person's \_\_\_\_\_ Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Timing when contact person is available

National Identity Card Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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National Tax Number

Product line(s) & brand name (s)

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Approximate date when gas is required

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Type of fuel used at present. (Furnace Oil/ Diesel/Wood)

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Quantity of Fuel used per month

(Please give last 12-month average, in Tons, Liters, or KWs/month)

(If Available)

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What alternate fuel arrangements have you made/ proposed to make for use during gas shortage periods.

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Whether previously applied for Gas Connection?

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Was there any gas connection previously on this plot, if **YES** give details (Name & A/c. No.)

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Is gas burning equipment available at factory?

If not, when is it expected to be installed?

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Any other information that you may want to give.

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Future Expansion Program/ Details of Burning Equipment with requirements in next 5-years (if available)

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(Note: This information is required for Planning purpose only.)

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

| Appliances / Equipment's | Gas Consumption (MCF/HR) | Max Gas Consumption (MCF/Day) |
|--------------------------|--------------------------|-------------------------------|
|                          |                          |                               |
|                          |                          |                               |
|                          |                          |                               |
|                          |                          |                               |
|                          |                          |                               |

(Use Additional Sheets if required)

Normal Operations: Hours/Day \_\_\_\_\_ Day/Month \_\_\_\_\_ Months /Year \_\_\_\_\_

Peak Hourly Load (MCF/HR) \_\_\_\_\_ Avg. Daily Load (MCF/Day) \_\_\_\_\_ Required Pressure (Psig) \_\_\_\_\_

**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) | _____ |

**TO BE FILLED IF GAS IS REQUIRED FOR CAPTIVE POWER GENERATION.**

|    |  |  |
|----|--|--|
| A- | Type of Equipment<br>(Gas engine, Dual fuel engine, gas turbine or any turbine or any other type)  |  |
| B- | Hours of Daily Operations  |  |
| C- | No. of Units proposed  |  |
| D- | Generating Capacity of each unit   |  |
| E- | Total Installed Capacity KW  |  |
| F- | Total Generation in KW per day/24 Hrs.   |  |
| G- | Gas Consumption per KW Generation in Cft   |  |
| H- | Gas Consumption per hour in Cft, at full capacity  |  |
| I- | Gas Consumption for total Generation in 24 hours in Cft  |  |
| J- | Power Generation will be used for Self-Use or Selling or Both<br>In case Power Generation is to be partly used for self and partly for Sale, please provide details. |  |
| K- | Future expansion program / Addl. Gas load in Cft per Hour.   |  |
| L- | Type of Main product.  |  |
| M- | Production Capacity per annum.   |  |
| N- | Average Monthly consumption during last 6 months.  |  |

**REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM**

|     |   | PLEASE MARK <input checked="" type="checkbox"/> THE RESPECTIVE BOX | YES                      | NO |
|-----|---|--|--------------------------|----|
| 1-  | a) For Captive Power Generation: <ul style="list-style-type: none"> <li>❖ Gas supply for Self-Power Generation would be provided on as and when available basis at different locations. You will provide documentary evidence for efficient use of gas for Power Generation/Co-Generation.</li> <li>❖ For Service Industries Captive Power Generation would be provided subject to investment of over Rs. 500/-million, duly recommended by Board of Investment (BOI).</li> </ul>   | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 2-  | 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.<br>b) You would be required to provide space for Consumers Metering Station (CMS) preferably measuring 20 x 12 x 10 ft. 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.<br><br>Please note that CMS foundation will only be constructed by you after clearance by PIEDMC's technical team as per drawing provided to you. | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 3-  | Copy of current paid Gas Bill/Dues Clearance from PIEDMC. In case of any previous Gas Connection/Disconnected Gas Supply clearance from PIEDMC for all the previous arrears, dues and claim.  | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 4-  | Brochure/Leaflet/Drawing of gas burning equipment/ Gas Generator. (In case of Boiler, Boiler drawing/Specification sheet mentioning steam capacity/Heating Surface Area is required).   | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 5-  | Copies of property ownership documents along with duly approved plan of the locality/building by PIEDMC's BCD department.   | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 6-  | Memorandum and Articles of Association or Partnership Deed or Proof of your being Sole Proprietor.  | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 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).  | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 8-  | Pay order for Rs. 10,000/- in favor of Punjab Industrial Estates Development & Management Company (PIEDMC) that would be adjustable against connection charges for Industrial/Power Generation.   | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 9-  | Write-up giving details of manufacturing process mentioning the machines involved & raw materials used with country (ies) of origin.  | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 10- | Covering letter on Customer's <b>Letterhead</b> regarding provision of RLNG.  | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 11- | National Tax No.(N.T.N) (copy).   | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 12- | Authority letter (with CNIC 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).   | <input type="checkbox"/>   | <input type="checkbox"/> |    |
| 13- | Computerized National Identity Card No. (CNIC) (Copy).  | <input type="checkbox"/>   | <input type="checkbox"/> |    |

Whatever stated above is correct to the best of my knowledge and belief.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

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 along with Date:** \_\_\_\_\_

**Documents Received By along with Date:** \_\_\_\_\_