Application for Gas Supply / Disconnection / Discontinuation

Date: _____

To : Gas Retailer _____
_____
_____

Gas supply to:

_____
(Project Name)

_____
(Address of Premises / Development)

*I / I, on behalf of the owner, wish to apply for the following:-

- ❏ new turn-on of gas supply;
  - ❏ Premises with existing gas connection
  - ❏ Premises without existing gas connection
- ❏ gas installation addition and alteration (A&A Work)
  - ❏ consumer's service pipe
  - ❏ consumer's internal pipe
- ❏ gas supply disconnection/discontinuation.

(Please tick the appropriate box)

I hereby submit the following documents:

- ❏ Owner written consent (if the applicant is not the owner of the internal pipe)
- ❏ Location / site plan showing the proposed connection/disconnection/discontinuation point(s) and the gas appliance(s) location

(Please tick the appropriate box)

The expected date of gas *turn-on / disconnection / discontinuation: _____

Applicant Name: _____
Address: _____
Contact No.: _____

Signature/ Date: _____

*: delete where not applicable