



GAIL GAS LIMITED

GAIL Gas Limited

Wholly Owned Subsidiary of GAIL (India) Limited

Bengaluru Office: 3rd Floor, M.S. Complex, S:44, New BEL Road, Bengaluru – 560054 Tel: +91 80 6888 8081
Corporate Office: B 35 & 36, GAIL Jubilee Tower, 13th & 14th Floor, Sector – 1, Noida : www.gailgs.com

REGISTRATION FORM FOR DOMESTIC PIPED NATURAL GAS CONNECTION

I/ we wish to pre-register for a Domestic Piped Natural Gas Connection, Our particulars are given hereunder:

1) Mr./Ms/Mrs

2) Father's/ Husband Name

3) Address: House/ Flat No.

Society / Apartment

Street / Area Name:

City:

State: Pin:

4) Telephone Nos.: Landline (Office):

(Residence): Mobile No:

5) Email:

6) Type of Ownership (Please Tick): Owner Rented

IF RENTED, PLEASE SUBMIT NOC TO BE ISSUED BY THE LAWFUL OWNER OF THE PROPERTY AS SPECIFIED BELOW

PAYMENT DETAILS:

Pay Order/DD/Cheque No.....Date.....Drawn On.....Bank Name.....

Favoring "GAIL Gas Limited" Payable at.....Amount.....towards Refundable Security Deposit as per the terms and conditions stated overleaf. (Payment in Cash is not accepted)

DECLARATION:

- I/We have read and understood all the terms and conditions as stated. I/We accept and agree to the said terms and conditions, as may be amended from time to time.
- I/We agree that GAIL Gas Limited reserves the right to accept or reject this application for registration without assigning any reason whatsoever.

Date:..... Name:..... Signature:.....

LIST OF DOCUMENTS TO BE SUBMITTED:

- Proof of Identity (Any one of the PAN Card /Passport /Voter ID Card /Driving License /Ration Card.)
- Proof of ownership of the establishment (Copy of Sale Deed Agreement / Rent Agreement / Electricity Bill / BSNL Telephone Bill / Society Certificate etc.)

NO OBJECTION CERTIFICATE (TO BE FILLED BY THE LAWFUL OWNER)

(Applicable only if the premise is rented)

This is to certify that I, Mr./Ms.Mrs. _____ am the lawful owner of the above mentioned property. I have no Objection, if the tenant of the property as mentioned above, domestic PNG connection from GAIL Gas Limited.

Name:.....

Permanent Address of the Owner:.....

Telephone Nos.: Landline (Office):.....(Residence):.....

Mobile Nos:.....Email:.....

Proof of Ownership (as enclosed).....

Date:..... Signature:.....



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ACKNOWLEDGMENT FOR DOMESTIC PIPED NATURAL GAS CONNECTION

For Office use only
Business Partner No/URN:.....
Installation No.
Date of Receipt of Registration:.....

Received from:..... Address:.....

.....On.....Completed Registration Form and Payment

for Rs..... By P.O./DD/Cheque No..... Dated.....

Drawn on.....

Dated.....

Authorised Signatory.....