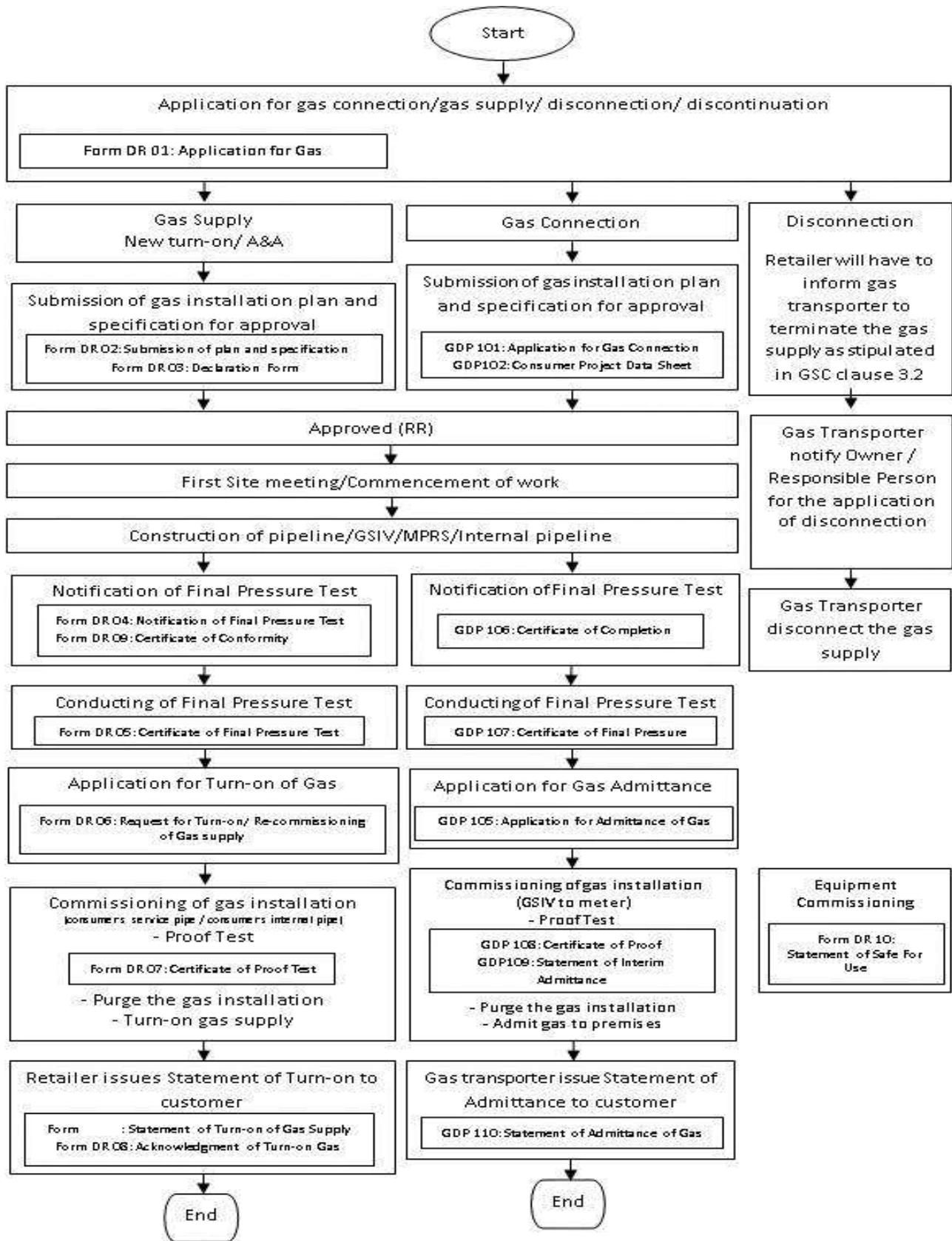


Distribution Connection Forms

Form No.	Description
DR01	Application For Gas Supply / Disconnection / Discontinuation
DR02	Submission of Plans & Specifications
DR03	Designated Representative Declaration Form
DR04	Notification of Final Pressure Test
DR05	Certificate of Final Pressure Test
DR06	Request for Turn-on / Re-commissioning of Gas Supply
DR07	Certificate of Proof Test
DR08	Acknowledgement of Turn-on / Re-commissioning of Gas Supply
DR09	Certificate of Conformity for Gas Appliance
DR10	Statement of Safe for Use
DR11	Statement of Turn-On Gas Supply
GDP101	Application for Gas Distribution Connection
GDP102	Consumer Project Data Sheet
GDP105	Application for Admittance of Gas
GDP106	Certificate of Completion
GDP107	Certificate of Final Pressure Test
GDP108	Certificate of Proof Test
GDP111	Authorization to Turn on Gas Meter Control Valve
KG-D01	Approval for Gas Supply
KG-D02	Initial Turbine Meter Record
KG-D03	Statement of Turn on of Gas
KG-D04	Notification of Gas Supply Isolation / Termination

Distribution Connection Flowchart



Legends
RR – Retailer reply to DR

Application for Gas Supply / Disconnection / Discontinuation

Date: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

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

Submission of Plan & Specification

Date: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue,
#05-05 Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

This submission is to seek approval from the retailer for the following:-

- new gas supply; or
 - gas installation addition and alteration (A&A Work).
- (Please tick the appropriate box)*

I hereby submit the following endorsed documents:

- Gas installation plan and specification
 - Owner written consent (if the applicant is not the owner of the internal pipe)
 - Declaration form (Form DR 03)
 - Proposed pipe layout plan of the gas installation from MPRS / gas meter to gas appliances
- (Please tick the appropriate box)*

Designated Representative for the project	
Name: _____	Contact No.: _____
*PE / LGSW No. : _____	
c/o Address: _____	
*Owner / Developer of the project	
Name : _____	
Address : _____	
*PE / Architect	
Name: _____	
Address: _____	

Applicant Name: _____

Address: _____

Contact No: _____

Signature / Date: _____

*: delete where not applicable

Designated Representative Declaration Form

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

I, the designated representative of the above project, holding a valid *practicing certificate / gas service worker licence, certify that the gas installation is designed to and all gas service works are carried out in compliance to the requirements and provisions of the latest revision of the following:

- a) Gas Act (Cap 116A);
- b) Gas (Supply) Regulations;
- c) Gas Supply Code;
- d) Singapore Standard, SS 608, Code of Practice for Gas Installation;
- e) Other relevant code / international standard(s): _____; and
(please specify for installation with operating pressure higher than 50 kPa)
- f) All statutory requirements in government laws and relevant regulations of Government departments.

The gas installation is designed to operate at _____ kPa / Bar.

Signature and Stamp of *PE / ~~LGSW~~

Date

Name : _____

*PE / ~~LGSW~~ No : _____

Company :

Contact No : _____

Address : _____

E-mail Address : _____

*: delete where not applicable

Notification of Final Pressure Test

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Attn: Project Coordinator

Final pressure test of gas installation at:

(Project Name)

(Address of Premises / Development)

I certify that the gas installation for the above project is completed and ready for final pressure test. The proposed date for the test is _____.

The gas installation is from;

- consumer's service pipe and/or
 - consumer's internal pipe.
- (Please tick the appropriate box)*

The gas installation is constructed in compliance with;

- (a) Approved plan for construction;
- (b) All statutory and relevant codes which are applicable to the gas installation;
- (c) Singapore Standard, SS 608, Code of Practice for Gas Installation;
- (d) Others standards: _____ (please specify);
- (e) Retailer Handbook on Gas Supply; and
- (f) All statutory requirements in government laws and relevant regulations of Government departments.

I submit the following documents duly endorsed:

- As-built drawings (inclusive of line drawing indicating all the end points);
(As-built drawing no: _____)
- Other relevant documents _____ (please specify).
(Please tick the appropriate box)

The operating pressure of the Gas Installation is _____ kPa/Bar. The final pressure tests for the gas installation are:

First Test: _____ kPa/Bar

Second Test: _____ kPa/Bar

I will attend the Final Pressure Test and will copy a set of the As-built drawings to the owner.

The expected date of gas turn-on: _____

Signature and Stamp of Designated Representative

Date

Name of *PE/ LGSW: _____

*PE / LGSW No: _____

*: delete where not applicable

Certificate of Final Pressure Test

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

(As-Built Drawing Nos)

I certify that the gas installation has passed the final pressure test on _____ conducted in accordance with the *Singapore Standard, SS608, Code of Practice for Gas Installation or _____

(Please specify other relevant code / standard, if applicable)

<u>Test Pressure</u>	Maximum Allowable Operating Pressure
First Test: _____ Duration: _____	MAOP: _____ bar
Second Test: _____ Duration: _____:	
Other additional test (please specify): _____	

No person shall be allowed to carry out any further work on this installation without prior written consent from the respective gas retailer.

Certified by: _____ Date: _____
(Signature & Stamp of Designated Representative)

Name: _____ *PE / LGSW No: _____

Witnessed by: _____ Date: _____
(Signature of Retailer's Project Coordinator)

Name: _____

Copy given to: Name / Company / Signature

- Owner
- MCST
- Main Contractor
- Consultant
- Others

*: delete where not applicable

Request for Turn-on / Re-commissioning of gas supply

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

(As-Built Drawing Nos)

(As-Built Drawing Nos)

I certify that the gas installation is safe and ready to receive gas. I request that gas be *Turned-on / Re-commissioned to the gas installation on _____.

The gas installation has passed the final pressure test and that no further work has been carried out on the gas installation after the final pressure test and that the gas installation is safe for the turn-on/re-commissioning of gas.

I confirmed that all end points have been properly capped/plugged. The number of end-points in the gas pipe installation is _____.

The proof test will be carried out during the turn-on/re-commissioning process and the Certificate of Proof Test will be issued. The gas installation will be depressurized to atmospheric pressure before I proceed with the turn-on/re-commissioning request.

After the turn-on/re-commissioning of the gas supply to the premises, I will inform all relevant parties accordingly not to tamper with the gas installation. In addition, I will undertake to affix warning labels at all end-points of the gas pipe installation.

A copy of the floor plans and line/isometric drawing has been given to the owner for reference and safe keep.

Designated Representative's Signature/ Date

*PE/ LGSW No:

Name: _____

Tel No: _____

Address: _____

*: delete where not applicable

**CONSENT BY PROFESSIONAL ENGINEER / MAIN CONTRACTOR / OWNER
(where applicable)**

I consent to the above application for the turn-on of gas supply.

Name of Professional Engineer: _____ Date: _____

Signature: _____ PE No.: _____

Name of Main Contractor: _____

Signature: _____
(authorized main contractor's representative)

(company stamp)

Date: _____

*Note: *delete where not applicable*

Certificate of Proof Test

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises/Development)

(As-Built Drawing Nos)

(As Built Drawing Nos)

I certify that the *consumer's service pipe / consumer's internal pipe has passed the proof test on ____

(Date) conducted in accordance with the Singapore Standard SS 608, Code of Practice
for Gas Installation or _____.
(Please specify other relevant code / standard, if applicable)

Test Pressure

Proof Test: _____ Duration: _____

Other additional test (please specify): _____

I request that gas be *Turned-On / Re-commissioned to the gas installation.

Certified by: _____ Date: _____
(Signature & Stamp of Designated Representative)

Name: _____ *PE/LGSW No.: _____

Witnessed by: _____ Date: _____
(Signature of Retailer's Project Coordinator)

Name: _____

Copy given to: Name / Company / Signature
(Please tick appropriate box)

- Owner
- MCST
- Main Contractor
- Consultant
- Others

*: delete where not applicable

Acknowledgement of Turn-on / Re-commissioning of Gas Supply

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

Dear Sir

I acknowledge that gas supply has been *Turned-On / Re-commissioned to the abovementioned gas installation.

Date: _____

Time: _____ hr.

Type of gas: *Natural Gas / ~~Town Gas~~

Nominal pressure: _____ kPa / Bar* gauge

I have informed all relevant parties that gas has been turned-on/re-commissioned to the gas installation and that the gas installation is pressurized with gas and should not be tampered with.

(Signature of Designated Representative)

(Name)

(*NRIC/ Passport No.)

Copy given to: Name / Company / Signature
(Please tick appropriate box)

- Owner
- MCST
- Main Contractor
- Consultant
- Others

*: delete where not applicable

Certificate of Conformity for Gas Appliance

Date: _____

Our Ref: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Dear Sir

Gas appliance used for

(Project Name)

(Address of Premises/Development)

I would like to inform you that the gas appliance for the project is suitable to be used for *town gas / natural gas as per the gas specification stated in the Gas Supply Code.

S/N	Appliance Description	Model	Quantity	Supplier

- The gas appliance has obtained a Safety Mark from SPRING Singapore
- The gas appliance is certified locally by _____ (certifying body)
- The gas appliance is not certified locally and I attached the relevant documents for your information;
 - Overseas Certificate on conformity to an international standard
 - Supplier's letter to confirm that the appliance is suitable for *town gas / natural gas usage
 - Other relevant document: _____

Yours faithfully

Signature and Stamp of *PE / ~~LGSW~~

Date

- cc :
- 1) Owner
 - 2) PE/ ~~LGSW~~
 - 3) Consultant (if any)

*: delete where not applicable

Statement of Safe for Use

Date: .

Our Ref: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Dear Sir

Commissioning of Gas Appliance

(Project Name)

(Address of Premises / Development)

We have tested the gas appliances (as attached or listed) to be gas tight and safe to use with *town gas / natural gas in accordance to Regulation 21 of Gas (Supply) Regulations.

Commission date: _____

Attachment: _____
(Commissioning report, list of gas appliances, etc, where applicable)

We have also demonstrated and advised the *client / users on the operation and maintenance of the listed gas appliances.

This is for your information and record.

Yours faithfully

Acknowledged by,

Signature and Stamp of *PE / LGSW / Date

Signature of Owner Representative

cc : 1) Gas Retailer
2) PE/ LGSW
3) Consultant (if any)

**: delete where not applicable*

Statement of Turn-on Gas Supply

Date: _____
Our Ref: _____
Your Ref: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Company: _____

Project Coordinator

Mr. _____

Tel: (O) _____

Mobile: _____

Email: _____

Gas supply to:

(Project Name)

(Address of Premises/Development)

Dear Sir

We refer to your request to turn on gas supply to the abovementioned gas installation and the declaration of your Designated Representative that the gas installation is safe and ready to receive gas. We have introduced gas into the gas installation at your premises from the gas meter to the point of connection of the gas appliance(s).

Details Of Turn-On

Date: _____

Time: _____ am / pm

Type of gas: *Natural Gas / ~~Town Gas~~

Nominal pressure: _____ kPa / Bar* gauge

We would remind you that the gas installation is now pressurized with gas. You shall ensure that the gas installation is not tampered with and all relevant parties are notified that gas has been turned on. You are required to complete and return the duly signed "Acknowledgement of Turn-on Gas Supply" form to us.

Please note that no further addition or alteration work on the gas installation can be undertaken without our prior written approval.

Yours faithfully:

(Name & signature of Project Coordinator /
Date)

Acknowledged by:

(Name & signature of Applicant / Date)

** delete where not applicable*

APPLICATION FOR GAS DISTRIBUTION CONNECTION

To: PowerGas Ltd
c/o HOS (Gas Network Planning)
SP PowerGrid Ltd

Through Retailer	
<hr/> Signature of Retailer Representative Name / Designation	<u>Keppel Gas Pte Ltd</u> Name of Retailer

GAS CONNECTION TO:

(Project Name)

(Address of Gas Installation)

I would like to apply for connection to the PowerGas' gas distribution pipeline network for the above project.

I hereby submit the following documents and certify that the information provided is correct:

- Consumer Project Data Sheet
- Location / site plan showing the project site and proposed connection point(s)
- Pipe route from property boundary to the Meter Installation and location of Meter Installation where applicable.

Name of Applicant: _____

Designation: _____

Company: _____

Signature/Date: _____

Consumer Project Data Sheet

Consumer Information			
Project Name:			
Address of Premises / Development :			
Request Type:		Retailer switch (NG only) New supply connection *	
Consumption Information			
Type of Gas:		Town Gas / Natural Gas *	
Consumer Type:		Residential / Non-residential *	
Application of Gas:		Co-Gen / Tri-Gen / Boiler / Cooking / Water Heating / Others * If Others, please specify: _____	
Shipper Name (NG only)		Keppel Gas Pte Ltd	
Injection Point (NG only)		Attap Valley	
Gas Consumption Duration Per Day		8 / 12 / 24* hours or otherwise please specify: _____	
Expected Gas Admittance Date (DD/MM/YY)			
Gas Usage		If gas supply is meant for interim use (less than 5 yrs), please specify duration of gas usage in years: _____	
Delivery Pressure and Flowrate			
Applicable to NG Projects only *	Load Profile	Year 1	mmBtu/year
		Year 2	mmBtu/year
		Year 3	mmBtu/year
		Year 4	mmBtu/year
		Year 5	mmBtu/year
	Maximum Instantaneous Flowrate:		Sm ³ /hr
MPRS Outlet Pressure		barg	
Applicable to TG Projects only*	Average Monthly Consumption		Not Applicable kWh/mth
	Maximum Instantaneous Flowrate:		Not Applicable Sm ³ /hr
Design pressure of gas installation			barg
Submitted by Applicant		Confirmation by Retailer	
Name of Company:		Name of Retailer: Keppel Gas Pte Ltd	
Name of Officer:		Name of Officer:	
Designation:		Designation:	
Date:		Date:	
Signature:		I agree with the above information provided by the applicant. Signature:	

Note: The above is for information purposes only. PowerGas may not be able to nor is obliged to fulfill any of the above requirements.

* Delete where applicable

APPLICATION FOR ADMITTANCE OF GAS

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature of Retailer Representative
Name / Designation

Keppel Gas Pte Ltd
Name of Retailer

(Project Name)

(Address of Premises / Development)

- (A) I, the Designated Representative (DR) of the above project, certify that,
- i. The gas installation from, but excluding, the GSIV up to, but excluding, the meter installation is ready to receive gas.
 - ii. The consumer internal pipe is not connected to the meter installation.
 - iii. I attached the following forms for your references please:
 - GDP 106 "Certificate of Completion"
 - GDP107 "Certificate of Final Pressure Test"
 - iv. All end points are capped / blanked / plugged off
 - v. I undertake to conduct Proof Test and submit GDP 108 "Certificate of Proof Test" immediately prior to the connection.

*PE / LGSW No.: _____

Name, Signature and Stamp of DR / Date

- (B) I hereby request for admittance of gas to the gas installation up to, but excluding, the meter installation on _____.

Signature of Applicant / Date

Name: _____

Designation: _____

To the Retailer:

This is to confirm gas admittance shall be carried out on _____ (date) at _____ (time).

Please notify all relevant personnel to be present on site.

SPPG Officer-in-charge

CERTIFICATE OF COMPLETION

PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature of Retailer Representative
Name / Designation

Keppel Gas Pte Ltd
Name of Retailer

(Project Name)

(Address of Premises / Development)

I, the Designated Representative of the above project, hereby certify that the Gas Installation for the above project from, but excluding, the GSIV up to, but excluding, the Meter Installation have been designed and constructed in compliance with the requirements of the latest revision of the following:

- Gas Act (Cap 116A);
- Gas (Supply) Regulations;
- Gas Supply Code;
- Singapore Standard, SS 608 - Code of Practice for gas Installation;
- Other relevant code / standard: _____
- All relevant acts, regulation and rules which are applicable to the gas installation;
- All statutory and relevant codes which are applicable to the gas installation;
- All statutory requirements in government laws and relevant regulations of government departments.

2. The design pressure of the Gas Installation is _____ barg.

Signature and Stamp of DR / Date

Name: _____

PE / LGSW * No.: _____

CERTIFICATE OF FINAL PRESSURE TEST

PowerGas Ltd
c/o HOB (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature of Retailer Representative
Name / Designation

Keppel Gas Pte Ltd
Name of Retailer

(Project Name)

(Address of Gas Installation)

1. I, the Designated Representative of the above project, hereby certify that the Gas Installation for the above project from, but excluding, the GSIV up to, but excluding the Meter Installation has been successfully tested and passed the final pressure test in accordance to the requirements of:

Note: Please tick below where applicable

Codes / Standards

- Singapore Standard, SS 608 – Code of Practice for Gas Installation; or
 Other applicable code / standard : _____

Pressure Test

Test	Pressure(Barg)	Duration(Hour)	Date Passed
<input type="checkbox"/> First test			
<input type="checkbox"/> Second test			
<input type="checkbox"/> Other test			

2. I hereby declare that the Maximum Allowable Operating Pressure (MAOP) and the Design Pressure of the above Gas Installation is _____ (Barg) and _____ (Barg) respectively.
3. I shall notify all parties concerned that the Gas Installation has been completed and pressure tested.

Signature and Stamp of DR / Date

Name: _____

PE / LGSW * No.: _____

** Delete where applicable*

CERTIFICATE OF PROOF TEST

PowerGas Ltd
c/o HOB (Gas Distribution Projects)
SP PowerGrid Ltd

Through Retailer

Signature of Retailer Representative
Name / Designation

Keppel Gas Pte Ltd
Name of Retailer

(Project Name)

(Address of Premises/ Development)

I, Designated Representative of the above project, hereby certify that the Gas Installation for the above project from, but excluding, the GSIV up to, but excluding, the Meter Installation have been tested and successfully passed the proof test¹ on _____(date).

2 I further certify that the test pressure has been released and the said Gas Installation is currently at atmospheric pressure. Accordingly, I hereby request to proceed with the connection and gas admittance.

3 I shall undertake to purge and commission the Gas Installation from, but excluding, the GSIV up to, but excluding, the Meter Installation immediately after the gas admittance.

Signature and Stamp of DR/Date

Name: _____

PE/LGSW No.: _____

1. *Proof test shall be conducted in accordance to the requirements of Singapore Standard SS 608 for installation designed to operate up to 50 kPa or 20 kPa respectively, otherwise, proof test shall be carried out at 100 kPa or the operating pressure, whichever is lower, for a period of 30mins.*

REQUEST FOR INTERIM ADMITTANCE OF GAS

I Designated Representative of the above project, hereby certify that the Gas Installation for the above project from, but excluding, the GSIV up to, but excluding, the Meter Installation have been prepared and is ready for purging and commissioning. Please proceed to admit gas for the purpose of purging and commissioning.

Signature and Stamp of DR / Date

Name: _____

PE / LGSW * No.: _____

* Delete where applicable

AUTHORISATION TO TURN ON GAS METER CONTROL VALVE

Date: _____

To: PowerGas Ltd
c/o HOS (Gas Distribution Projects)
SP PowerGrid Ltd

(Project Name)

(Address of Premises / Development)

I, Project Coordinator ("PC") of the above project, certify that all legal requirements pertaining to gas safety have been complied with, including (but not limited to) (*) Regulation 3(4)(b) of the Gas (Supply) Regulations.

2 I hereby authorise PowerGas to turn on the Gas Meter Control Valve on my behalf now on _____ (date) at _____ (time).

Signature of PC

Name: _____

Designation: _____

Name of Retailer: _____

** Regulation 3(4)(b) of the Gas (Supply) Regulations states that – where an application for a supply of gas (or for an increase to an existing supply) is made to a gas retailer – the relevant gas retailer shall prior to turning on the gas supply at the relevant gas meter control valve, ensure that the appropriate test as specified in the Gas Supply Code is conducted on the gas appliance and the consumer's internal pipe including the meter installation to ascertain that it is safe to turn on the gas supply.*

MPRS
GDP111
(0418)

APPROVAL FOR GAS SUPPLY

Date: _____

To: _____

Ref No.: _____

Dear Sir

Approval for Proposed Gas Supply to:

(Name of Project)

(Address of Premises / Development)

- 1) We refer to your application dated _____, with regards to the above premise / development.
- 2) In view of your written declaration that the design of gas pipe installation and the work to be carried out for above mentioned project is in compliance with the following
 - Gas Act (Cap 116A),
 - Gas (Supply) Regulations 2008,
 - Gas Supply Code,
 - Singapore Standard, SS 608, Code of Practice for Gas Installation,
 - Keppel Gas Pte Ltd Gas Retailer Handbook
 - all others relevant acts, regulations, rules, codes of practice and design guidelines.

we wish to inform you that we have no objection to the proposal.

- 3) Your PE is fully responsible for the gas installation design and compliance with the acts, regulations and codes. The approval is given without checking on the compliances and engineering design.
- 4) Please be informed that you and your Designated Representative are fully responsible for the compliance of all Legislations, Regulations, Codes and Practices applicable to the gas installation.
- 5) If you require further information or clarification, please contact our Project Coordinator.

Yours Sincerely

Name: _____

Designation: _____

For and On behalf of
Keppel Gas Pte Ltd

Our Project Coordinator is:

Name: _____

Tel (O): _____

Mobile: _____

INITIAL TURBINE METER RECORD

Date: _____

To: _____

Reference: _____

RE: Verification of Meter Reading

We confirm that the Turbine Meter readings at the commencement of the operation are as follow:

Date taken: _____ Time: _____

Meter Serial No.: _____

Tag No.: FT -

	Readings
Mechanical Counter	
Uncorrected Volume	
Corrected Volume	
Remarks:	

Company Name: _____

Facilities Location: _____

24 hr Contact No. for Emergency: _____

Contact Person: _____

Witnessed By:

Gas Customer Rep Name / Signature: _____

Designation: _____

Date: _____

Keppel Gas Rep Name / Signature: _____

Designation: _____

Date: _____

STATEMENT OF TURN-ON OF GAS

Date: _____

To: _____

Reference: _____

Dear Sir

STATEMENT OF TURN-ON OF GAS

This is to inform you that in response to your application for turn-on of gas to your premises at _____.

Hence we agree to turn on the natural gas supply on _____ (date) at _____ (time) at the nominal pressure of _____ Bar/Psi* gauge into the gas installation of the above mentioned premises.

(Note: All the gas installation, inclusive of all pipeworks will need to be hydro/pressure tested successfully and signed out by PE prior to gas turn –on)

Kindly notify all relevant parties that gas has been turned on to the above premises and not to tamper with the gas installation. No further work on the above mentioned premises should be undertaken without our prior written consent.

Signature of Keppel Gas Project Coordinator In Charge.

Name:

*Note: * Delete where applicable*

Dear Keppel Gas,

I acknowledge that gas had been turned on to the gas installation of the above mentioned premises on _____ (date) at _____ (time).

I will inform all relevant parties that gas has been turned on to the above premises and not to tamper with the gas installation. We will notify Keppel Gas if there is a need to carry out any modification to the gas installation thereafter

Signature of Applicant or his Designated Representative

Name: _____

NRIC No. / Passport No.: _____

Designation: _____

Contact No.: _____

Date: _____

Copy given to:

(Please tick appropriate box)

- Owner
- Main Contractor
- Consultant

Name / Company / Signature

NOTIFICATION OF GAS SUPPLY ISOLATION / TERMINATION

Date: _____

To: _____

Reference: _____

Dear Sir

NOTIFICATION OF GAS SUPPLY ISOLATION / TERMINATION *

This is to inform you that in response to your application for the isolation / termination *of gas supply to your premises at

_____.

We have successfully isolated / terminate * the natural gas supply on _____ (date) at _____ (time). Kindly notify all relevant parties that gas supply to the above premises have been isolated / terminated *.

Name / Signature of Keppel Gas Project Coordinator In Charge.
Phone No.:

Dear Sir,

I acknowledge that gas supply to the above mentioned premises have been isolated / terminated * on _____ (date) at _____ (time).

I will inform all relevant parties that gas supply has been isolated / terminated * to the above premises.

Signature of Applicant or his Designated Representative

Name / Designation: _____

NRIC No. / Passport No.: _____

Contact No.: _____

Date: _____

Copy given to: _____ Name / Company / Signature

(Please tick appropriate box)

- Owner
- Transporter SP PowerGrid Limited
- Main Contractor