



Gas Transmission Connection Forms

Updated 1 April 24

Gas Transmission Connection Forms

S/No.	Form No.	Description
1	GT1	Application for Gas Transmission Connection
2	GT2	Application for Admittance of Gas
3	GT3	Certificate of Proof Test
4	GT4	Authorisation to Turn on Gas Meter Control Valve

FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION

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

Through Shipper	

Signature, Name & Designation of Shipper Representative	Name of Shipper

GAS CONNECTION TO:

[Project Name]

[Address of Gas Fitting]

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

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

- Consumer Project Data information [Appendix 1]
- Location / site plan showing the project site and the proposed connection point
- Location of Meter Installation where applicable.

Name of Applicant : _____

Designation : _____

Company : _____

Signature/ Date: _____

FORM GT1 - APPLICATION FOR GAS TRANSMISSION CONNECTION

Appendix 1

CONSUMER PROJECT DATA SHEET

Consumer Information			
Project name			
Address of Gas Fitting			
Consumption Information			
Application of Gas	Genco / Co-Gen / Tri-Gen / Boiler / Cooking / Water Heating / Others* If Others, please specify : _____	Issued with Generator Licence?	Yes / No *
Gas Consumption Duration per Day	8 / 12 / 24* hours or 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			
Injection point [location]			
Offtake point [location]			
Meter Installation by Transporter?	Yes / No *		
Load profile / Pipeline Capacity Required	Year 1		BBtu / year
	Year 2		BBtu / year
	Year 3		BBtu / year
	Year 4		BBtu / year
	Year 5		BBtu / year
Maximum Daily Quantity	BBtu / day		
Meter sizing parameters	Max Flowrate		BBtu / hr
	Min Flowrate		BBtu / hr
Minimum pressure required at Gas Service Isolation Valve (GSIV)	Barg		
Design pressure of user's gas facility:	Barg		

Submitted by Applicant	Confirmation by Shipper
Name of Company :	Name of Shipper :
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 fulfil any of the above requirements.

*Delete where applicable

FORM GT4 - AUTHORISATION TO TURN ON GAS METER CONTROL VALVE

Date : _____

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

(Project Name)

(Address of Gas Installation)

I, Consumer / PE *, of the above project hereby authorise PowerGas to open the Gas Meter Control Valve on my behalf now on _____ (date) at _____ (time) for the purpose of gas turn on.

Signature of Consumer / PE

Name : _____

Designation : _____

**Delete where applicable*