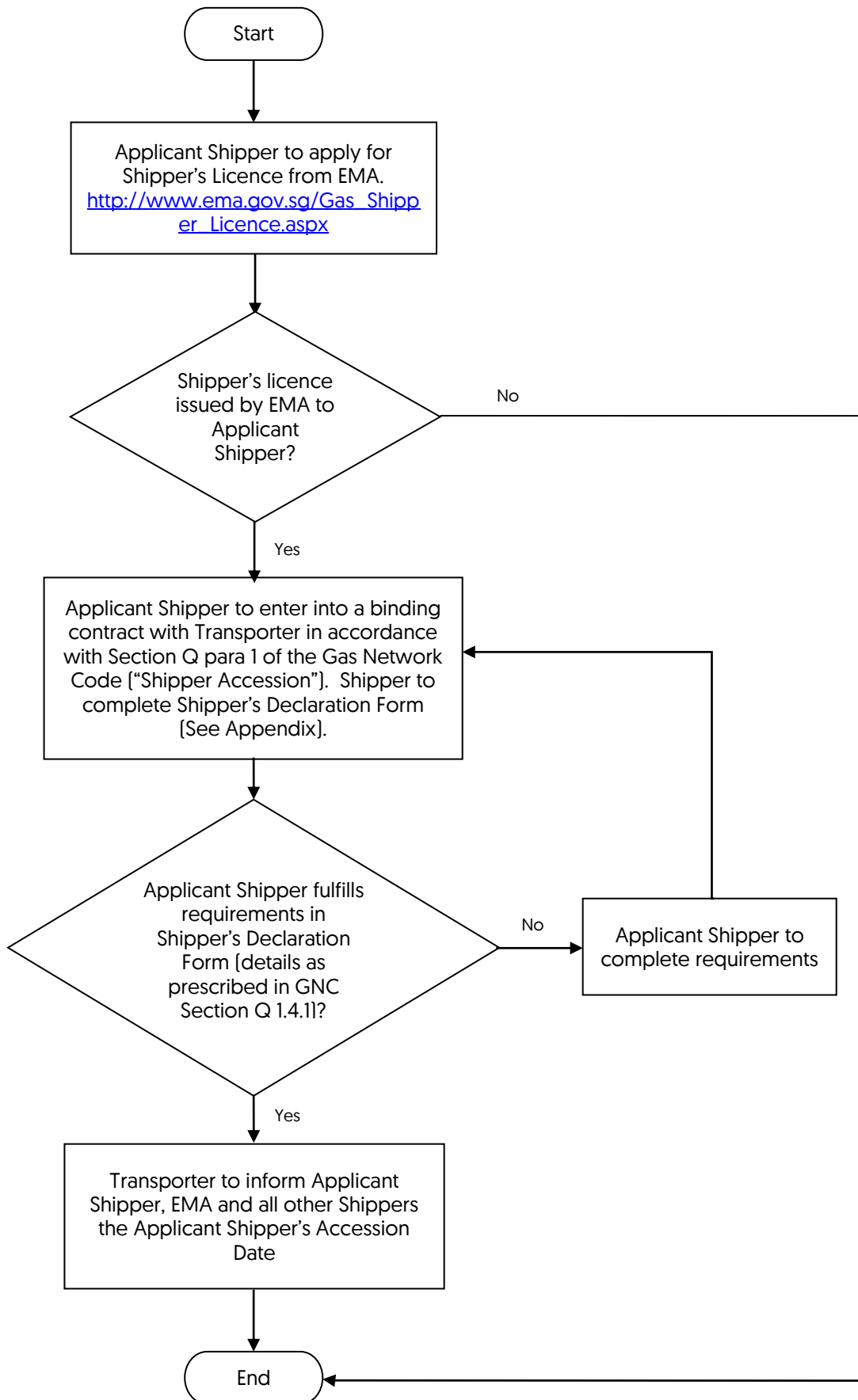


How to Be Registered As A Shipper



For enquiries on:

- 1) Shipper accession procedures, please contact 6916 8465
- 2) GTSS connectivity, please contact GTSS Helpdesk at 6555 6647 or email gasmarket@spgroup.com.sg

Declaration Form for Applicant Shipper

I. Applicant Shipper's Details

A) Applicant Shipper's Notice Details

Company Name

Name/Title of Contact Person

Address

Telephone Number

Fax Number

Email Address

B) Applicant Shipper's 24-Hour Emergency Contact Information

Company Name

Name/Title of Contact Person

Address

Telephone Number

Fax Number

Email Address

II. Legal Nature of Applicant Shipper

The Applicant Shipper is a company incorporated under the Companies Act [Chapter 50].

Yes/No [Please delete as appropriate]

If No, please specify legal status of Applicant Shipper:

III. Declaration

The Applicant Shipper hereby confirms that the following requirements have been satisfied¹:

- The Applicant Shipper is the holder of a Shipper's Licence issued under the Gas Act [Cap. 116A].
- The Applicant Shipper has complied with the requirements of Section O of the Gas Network Code which are required to be complied with before a Shipper is able to send and receive Code Communications.
- The Applicant Shipper's 24-Hour Emergency Contact is a representative of the Applicant Shipper having the appropriate authority to act on behalf of and bind the Applicant Shipper for the purposes of the Gas Network Code.
- The Applicant Shipper has obtained from PowerGas a copy of the Gas Network Code.
- The Applicant Shipper has provided to PowerGas the required security for Transportation Code Indebtedness.
- The Applicant Shipper has provided to PowerGas the required security for Balancing Charges.
- The Applicant Shipper has been assigned an initial Balancing Credit Limit.
- The Applicant Shipper has paid to PowerGas all outstanding application processing and other administrative fees.

Please provide further comments, if any of the above has not been checked:

The above information is submitted and certified to be true and correct by:

Signature _____

Name

Designation

NRIC/Passport No.

For and on behalf of

Company Name

Date

¹ Please check the boxes for the requirements which the Applicant Shipper has satisfied.