Customer Project Data Sheet

Customer Information			
Gas user name :	User Name		
Gas user address :	User Address		
Mailing address :	Mailing Address		
Customer Type :	Retail Consumer / Managed Capacity Consumer / Direct Capacity Consumer *		
Consumption Information			
Type of Gas :	~~Town Gas~~ / Natural Gas *		
Customer Type :	~~Industrial / Commercial~~ / Domestic *		
Application of Gas :	Yes No Genco / Yes No Co-Gen / Yes No Tri-Gen / Yes No Boiler / Cooking / Water Heating / Others* Yes No Yes No Yes No If Others, please specify : _____	Issued with Generator Licence?	Yes / No *
		Generating Capacity	
Gas Consumption Duration per Day	8 / 12 / 24* hours or specify :		
Expected Gas Admittance Date (DD/MM/YY)			

Delivery Pressure and Flowrate			
Inject point (location)	- NA -	*(applicable to transmission customer only)*	
Offtake point (location)	- NA -	*(applicable to transmission customer only)*	
Meter Installation by Transporter ?	Yes / No *	*(applicable to transmission customer only)*	
Load profile	Year 1	- NA -	BBtu / year
	Year 2	- NA -	BBtu / year
	Year 3	- NA -	BBtu / year
	Year 4	- NA -	BBtu / year
	Year 5	- NA -	BBtu / year
Average monthly consumption			kW/Units/mmBtu*/mth
Maximum Daily Quantity			kW/Units/mmBtu*/day
Maximum Instantaneous Flowrate			kW/Units/mmBtu*/hr
Meter sizing parameters	Max Flowrate		kW/Units/mmBtu*/hr
	Min Flowrate		kW/Units/mmBtu*/hr
Minimum pressure required	At GSIV *		barg
	At Meter Installation outlet valve *		barg
Design pressure of user's gas facility:			barg

Submitted by Applicant	Confirmation by Retailer / Shipper
Name of Company : Alpha Consulting Engineers Pte Ltd	Name of Retailer / Shipper :
Name of Officer : Loh Chew Thong	Name of Officer :
Designation : Director	Designation :
Date : 01/01/2010	Date :
Signature :	I agree with the above information provided by the applicant. Signature:

* Delete where applicable