

## Reserved Firm Capacity Application

From:

To: **GAS MALAYSIA DISTRIBUTION SDN BHD**

Applicant/Shipper Reference No. :

Date :



**A Member of Gas Malaysia Berhad**

**TYPE OF REQUEST (X where is applicable)**

New Capacity   
  Minor Expansion (Increase Daily Capacity)   
  Capacity Transfer   
  Turn-back Offer (Surrender of Capacity)

A) DETAILS OF APPLICANT/ SHIPPER	B) DETAILS OF OFFTAKER
i. Name of Shipper : _____ _____	i. Name of Offtaker : _____
ii. Contact Person : _____ _____	ii. Address of the Offtaker : _____ Premises _____
iii. Contact No. : _____ _____	iii. Contact Person : _____ _____
iv. Email : _____ _____	iv. Contact No. : _____ _____
	v. Company Product : _____ _____
	vi. Entry Point <input type="checkbox"/> a) Single : _____ <input type="checkbox"/> b) Virtual : _____

**C) TECHNICAL INFORMATION**

Exit Point	Daily Quantity (DQ)			Operating Hours Duration		Hourly Quantity		
	(New)	(Existing)	(GJ/Day)	(day/year)	(hour/day)	(New)	(Existing)	Sm <sup>3</sup> /hr (Max)
	* _____ (MJ/Day)							(New)

\* MJ/Day is only for Retail Licence & Residential (single domestic) user.

Required Supply Pressure at Exit Point		Reservation Date	
(New)	(Existing)	(kPag)	Start Date : _____
			End Date : _____

**Offtaker (X where is applicable)**

Industrial   
  Commercial   
  Residential

**Type of Service Station (X where is applicable)**

Service   
  Area   
  Service Commercial

**D) EQUIPMENT DETAILS**

No.	Equipment	Details	Unit	Q (Sm <sup>3</sup> /hr)	Q <sub>total</sub> (Sm <sup>3</sup> /hr)	Remarks
<b>TOTAL</b>						

**E) ATTACHMENTS**

**Drawing** (Please provide the following item(s)) **(compulsory)**

Location Map

Premises Layout (Please mark and indicate the proposed service station location by Offtaker)

**Required Documents** (X where is applicable for Surrender of Capacity/ Third Party Offer/ Transfer Capacity)

Letter of intent from respective Offtaker

Notifications Letter from Existing Shipper (Termination / Reducing Allocation)

Name:

Position:

E-mail address:

Date:

Signature:


**For and on behalf of the Shipper**

**For and on behalf of the Distributor**

Please send the completed and signed application form to: Gas Malaysia Distribution Sdn Bhd, Ground Floor, No.5, Jalan Serendah 26/17, Seksyen 26, 40732 Shah Alam, Selangor.