



Ministry Of Utilities Sarawak
7th, 8th, 9th & 10th Floor, LCDA Tower,
Lot 2879, The Isthmus,
Off Jalan Bako, 93050 Kuching,
Sarawak.

Tel: 082-551000 (General Line)
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GD 1-R

RENEWAL APPLICATION FOR GAS LICENCE

(IN ACCORDANCE WITH SECTION 7 OF THE DISTRIBUTION OF GAS ORDINANCE 2016)

1. Please duly complete Form Gas/Licence/R/01 (GD 1-R), supplying all necessary information as below and send to **Director of Gas Distribution, Ministry of Utilities Sarawak**.
 - (a) Certified true copy of Gas Licence (s) issued by Ministry of Utilities Sarawak;
 - (b) A copy of Company Profile, that include details as below:-
 - Name of Company / Partnership
 - Nature of Business
 - Principle place of business
 - If principal place of business is outside Sarawak, name and address of duly authorized agent in Sarawak
 - Names of Directors & principal shareholders
 - Applicant contact detail (Office Phone Number/ Fax Number/ Email address)
 - (c) Certified true copy of Trade License.
2. Please tick (√) in the appropriate box

PART A: CATEGORY OF LICENCE APPLIED <i>(Tick where applicable)</i>	
Category	Fee (RM) / year
<input type="checkbox"/> (a) Import of any gas for regasification, processing, treatment, separation, utilization or distribution in Sarawak;	NG, LNG & LPG (RM0.001/MMBTU)
<input type="checkbox"/> (b) Regasification of gas;	NG & LNG (RM0.005/MMBTU)
<input type="checkbox"/> (c) Treatment, separation or processing of gas;	NG & LNG (RM0.001/MMBTU)
<input type="checkbox"/> (d) Transportation of gas;	NG, LNG & LPG (RM0.005/MMBTU)
<input type="checkbox"/> (e) Building, managing or maintaining gas pipeline or other apparatus or equipment or mechanism for the distribution of gas;	NG, LNG & LPG Class I (RM 600) Class II (RM 400) Class III (RM 200)
<input type="checkbox"/> (f) Supply of gas; or	NG & LNG (RM0.001/MMBTU) LPG (RM 600)
<input type="checkbox"/> (g) Retail of gas.	RM 25

PART B: PARTICULAR OF APPLICANT (Company)

Company Name <i>(Please attach a copy of Company profile such as names and addresses of owner/ partners/ shareholder (s)/ director (s))</i>	:	
Company Registration Number <i>(Please attach a copy of the registration certificate)</i>	:	
Nature of Business	:	
Principle place of business	:	
If principal place of business is outside Sarawak, name and address of duly authorized agent in Sarawak	:	
Company Address	:	
Office Telephone No.	:	
Office Fax No.	:	
Contact Person	:	
Position in Company	:	
Email	:	

PART C: PARTICULAR OF GAS LICENCE(S) FOR RENEWAL

1.	Licence No.	:	
	Duration of Licence	:	
2.	Licence No.	:	
	Duration of Licence	:	
3.	Licence No.	:	
	Duration of Licence	:	
4.	Licence No.	:	
	Duration of Licence	:	
5.	Licence No.	:	
	Duration of Licence	:	
6.	Licence No.	:	
	Duration of Licence	:	
7.	Licence No.	:	
	Duration of Licence	:	

PART D: INFORMATION OF GAS INSTALLATION (Requirement and Specifications)

<p>Type of gas</p>	:	<input type="checkbox"/> NG (Natural Gas) <input type="checkbox"/> LNG (Liquified Natural Gas) <input type="checkbox"/> LPG (Liquified Petroleum Gas)
<p>Total volume of gas supplied for a previous year (for category a, b, c, d & f only)</p>	:	<p>_____ mmBTU (million British Thermal Units)</p>
<p>For Category e only (see Appendix B)</p>	:	<p>Class of Installation</p> <p> <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III </p> <p>Type of Installation</p> <p> <input type="checkbox"/> Existing installation (already installed and operated before Distribution of Gas Ordinance was enforced in Sarawak.) <input type="checkbox"/> New Installation <input type="checkbox"/> Additional piping installation <input type="checkbox"/> Piping routing modifications in existing kitchen <input type="checkbox"/> Others :..... </p> <p>Criteria of Classification</p> <p> <input type="checkbox"/> Natural Gas Max. Operating Pressure: _____ psig <input type="checkbox"/> LPG <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Manifold Cylinders Aggregate Water Capacity: _____ kl <input type="checkbox"/> Pipeline Max. Operating Pressure: _____ psig </p>

PART E: DECLARATION

I hereby declare that all the above information is true. The Director of Gas Distribution may reject this application if any particulars are found to be false, incomplete or appropriate copies of information are not attached. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Company Stamp:

Signature of Company Representative**Name** : _____**Position in Company** : _____**Date** : _____