



**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)  
Fax: 082-551010

**GD 5 (c)**

## APPLICATION TO IMPORT GAS FITTINGS, GAS APPLIANCES AND GAS EQUIPMENT FOR PERSONAL USE/ PROJECT USE/ DISPLAY ONLY

Please duly complete Form Gas/COA/03 (GD 5(c)), supplying all necessary information and documentation to support your application and send to **Director of Gas Distribution, Ministry of Utilities Sarawak.**

**Please tick (✓) in the relevant box & complete the sections A, B, C and D.**

### PART A: TYPE OF APPLICATION

Check ( ✓ ) the appropriate box.

**To be issued with Letter of Release (one off application only)**

Personal use	
Project use	
Display only	
Others (Please specify details of use)	

### PART B: PARTICULAR OF APPLICANT

#### (a) For Personal use only

<b>Name of Applicant</b>	:	
<b>IC No. /Passport No.*</b>	:	
<b>Address</b>	:	
<b>Contact No.</b>	:	
<b>Email</b>	:	

#### (b) For Project / Display & Others use only

<b>Name of Applicant</b>	:	
<b>Company Name</b>	:	
<b>Company Registration No.</b> <i>(Please attach a copy of the registration certificate)</i>	:	
<b>Company Address</b>	:	
<b>Office No.</b>	:	
<b>Fax No.</b>	:	
<b>Company Email</b>	:	

\* delete whichever inapplicable

<b>PART C: DETAILS OF APPLICATION TO IMPORT</b> Check ( ✓ ) the appropriate box.		
<b>Check by Applicant</b>	<b>Type of Application</b>	<b>Details of Particular</b>
<input type="checkbox"/>	<b>Personal use</b>	Purpose of Import:- <input type="checkbox"/> If worked out of Malaysia: _____ (Please state the country) <input type="checkbox"/> If studied out of Malaysia: _____ (Please state the country) <input type="checkbox"/> For foreigner, employ in Malaysia <input type="checkbox"/> Other; Please state: _____
<input type="checkbox"/>	<b>Specific project use</b>	Project Name: _____ Project Location/Address: _____ _____ Name of user/client: _____
<input type="checkbox"/>	<b>For display or exhibition</b>	Display Name: _____ Display Location/Address: _____ _____ Name of user/client: _____ Display Period: ____ / ____ / ____ to ____ / ____ / ____ (dd/mth/yr)
<input type="checkbox"/>	<b>Others</b>	Specify Purpose of appliance: _____ Location/Address to use: _____ _____ Name of user/client: _____

**PART D: PARTICULARS OF GAS FITTINGS, APPLIANCES & EQUIPMENT TO BE IMPORTED** Check ( ✓ ) the appropriate box.

Category: Gas Fitting  Gas Appliance  Gas Equipment

No.	Name of Fitting/ Appliance/ Equipment	Brand	Model/ Type	Name of Manufacturer	Country of Manufacture	Unit	Office Use
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**NOTE:**

1) Only one (1) unit for each type of fitting/ appliance/ equipment is allowed to be imported.

**Condition of Equipment:-**

New  Used  Others: \_\_\_\_\_

**Has the fitting/appliance/equipment:-**

1. Issued with Letter of Release? YES/ NO\*. If Yes, quote Letter of Release Number: \_\_\_\_\_
2. Previously imported into the State? YES/ NO\*. If Yes, quote import permit No.: \_\_\_\_\_

(\* Delete where not applicable)

**Consignment Particulars:**

Reference Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)  
 Port of Export: \_\_\_\_\_ Point of Entry into Sarawak: \_\_\_\_\_  
 Country of Export: \_\_\_\_\_ Expected Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

**The following shall be submitted, if requested:**

1. Technical specifications, manuals, documentations and/or brochure.
2. Type test and/or safety test reports or certificate.
3. User Manual of appliances/ equipment

(Check (✓) the boxes )

**PART F: DECLARATION****I hereby declare and understand that:**

1. Appropriate actions shall be taken to ensure the safe use of the gas appliance/equipment.
2. The above Gas appliance/ equipment is only for personal use at the address state above.
3. The method of install and usage on the appliance/ equipment must comply to the procedures.
4. The appliance/equipment shall not be used in such manner that shall expose the public to danger from explode.
5. Gas Distribution Division and Custom will not responsible to any risk arise.
6. I will be fully responsible if any risk occurred due to the above gas appliance/equipment as stated in this form and I will not do any claim to Gas Distribution Division of Ministry of Utilities Sarawak.

<b>Signature of Applicant:</b> _____ <b>Name:</b> _____ <b>Date:</b> _____	<b>Company chop:</b>
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