



SUI NORTHERN GAS PIPELINES LIMITED

INCHARGE BILLING
REGIONAL OFFICE

REQUEST FOR ADVANCE PAYMENT PLAN

I want to avail facility of Advance Payment Plan for One Year as per my below mentioned particulars: -

Name: _____

Consumer No: _____

CNIC No:

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Contact Number: _____

Date _____

I will abide by rules and regulations regarding the subject as and when applicable by SNGPL.

APPLICANT SIGNATURE

For office use only:

Incharge Sales

Please issue bill to consumer amounting to Rs. _____ against APP Service Agreement.

Signatures of
Authorized Person