SUI NORTHERN GAS PIPELINES LIMITED

(Consumer Feedback Proforma)

Consumer's Name: _____

Consumer's No: _____

Meter No: _____

Address: _____

_____

_____

CNIC No: | | | | | | - | | | | | | | | - | |

PTCL No: | | | | | | | | | | | | | | | |

Cell No: | | | | | | | | | | |

Fax No: | | | | | | | | | | | | | | | |

Email: _____

Contact Person: _____
(Owner, Tenant, Director etc.)

Note: *Please return the filled proforma to the address mentioned on the bill.*