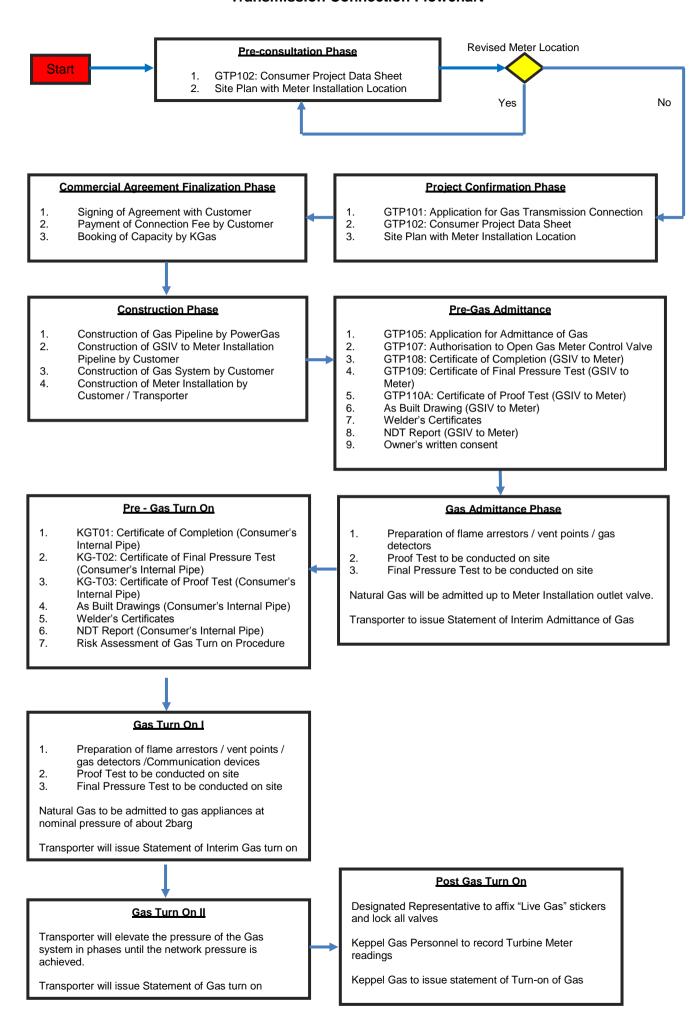
Transmission Connection Forms

Form No.	Description
GTP101	Application for Gas Transmission Connection
GTP102	Consumer Project Data Sheet
GTP105	Application for Admittance of Gas
GTP107	Authorization to open Gas Meter Control Valve
GTP108	Certification of Completion (GSIV to Meter)
GTP109	Certification of Final Pressure Test (GSIV to Meter)
GTP110	Certification of Proof Test (GSIV to Meter)
KG-T01	Certificate of Completion (Consumer's Internal Pipe)
KG-T02	Certificate of Final Pressure Test (Consumer's Internal Pipe)
KG-T03	Certificate of Proof Test (Consumer's Internal Pipe)
KG-T04	Initial Turbine Meter Records
KG-T05	Statement of Turn on of Gas
KG-T06	Notification of Gas Supply Isolation / Termination

Transmission Connection Flowchart



APPLICATION FOR GAS TRANSMISSION CONNECTION

PowerGas Ltd

c/o HOS (Gas Network Planning) SP PowerGrid Ltd

To:

Through Shipper	
	Keppel Gas Pte Ltd Name of Shipper
Signature of Shippe Name / Designation	er Representative
GAS CONNECTION	N TO:
(Project Name)	
(Address of Gas Fitting	ng)
I would like to apply for above project.	for connection to the PowerGas' gas transmission pipeline network for the
I hereby submit the fo	ollowing documents and certify that the information provided is correct:
 Location / site 	roject Data Sheet e plan showing the project site and the proposed connection point Meter Installation where applicable.
Name of Applicant:	
Designation: Company:	
Signature / Date:	
* Delete where applicable	

Consumer Project Data Sheet

Consumer Information						
Project Name:						
Address of Gas Fitti	ng :					
		Consumption	n Information	1		
Application of Gas	Genco / Co-Gen / Tri-Gen pplication of Gas Cooking / Water Heating / If Others, please specify:		Others *		ed with Generator nce?	Yes / No*
Gas Consumption D	uration Per Da	у	8 / 12 / 24* h	nours	or specify:	
Expected Gas Admi	ttance Date (D	D/MM/YY)				
Gas Usage			If gas supply is meant for interim use (less than 5 yrs), please specify duration of gas usage in years:			
		Delivery Pressu	ire and Flowr	rate		
Injection Point (loca	tion)					
Offtake Point (location	on)					
Meter Installation by Transporter? Yes / No *						
		Year 1			mmBtu / hr	
Load Profile / Pipelir	ne Canacity	Year 2			mmBtu / hr	
Required	io capacity	Year 3				mmBtu / hr
required		Year 4				mmBtu / hr
		Year 5			mmBtu / hr	
Maximum Daily Quantity BB			BBtud			
Meter Sizing	Max Flowrate			BBtu / hr		
Parameters	Min Flowrate					BBtu / hr
Minimum Pressure r	equired at Gas	Service Isolation	Valve (GSIV)			Barg
Design Pressure of	User's gas faci	lity:				Barg
Submitted by Appl	icant		Confirmation by Shipper			
Name of Company:		Name of Shipper:				
Name of Officer:		Name of Officer:				
Designation:		Designation:				
Date:			Date:			
			I agree with the above information provided by the			
		applicant.				
Signature:			Signature:			

Note: The above is for information purposes only. PowerGas may not be able to nor is obliged to fulfill any of the above requirements.

^{*} Delete where applicable

APPLICATION FOR ADMITTANCE OF GAS

c/o F SP F	erGas Ltd IOS (Gas Transmission Projects) owerGrid Ltd ugh Shipper
	ature of Shipper Representative e / Designation Keppel Gas Pte Ltd Name of Shipper
(Nan	ne of Project)
(Add	ress of Gas Fitting)
(A)	I, the Designated Representative (DR) of the above project, certify that the Gas Fitting from, but excluding, the GSIV up to, [and including / but excluding] *, the Meter Installation, has been,
	 Designed and constructed in accordance with the requirements of the relevant Legislations, Regulations, Codes and Practice. A copy of the "Certificate of Completion" (Form GTP108) is attached;
	Successfully tested and passed the final pressure test and that it is leak free. A copy of the
	"Certificate of Final Pressure Test" (Form GTP109) is attached;
	Capped / blanked / plugged off at end points
outle	I certify that the Consumer's Internal Pipe is not connected to and is physically separated from the t of the Meter Installation.
excl	I further certify that the Gas Fitting from, but excluding, the GSIV up to, [and including / but iding]* the Meter Installation is ready to receive gas.
	I undertake to conduct the necessary proof test on the Gas Fitting from, but excluding, the GSIV up and including / but excluding] *, the Meter Installation and submit the "Certificate of Proof Test" (Form 110) immediately prior to the connection and gas admittance.
	Name:
	Signature and Stamp of PE/Date PE No.:
(B)	I hereby request for admittance of gas to the Gas Installation / Gas Fitting up to, [and including / but excluding]* the Meter installation outlet on
	To the Shipper:
_	This is to confirm gas admittance shall be carried out onPlease notify all relevant
	e: personnel to be present on site.
	gnation: SPPG Officer-in-charge
* Dele	te where applicable

GTP105 (0418)

AUTHORISATION TO OPEN GAS METER CONTROL VALVE

Date:		
PowerGas Ltd c/o HOS (Gas Transmission Projects) SP PowerGrid Ltd		
(Project Name)		
(Address of Gas Installation)		
I, Consumer / PE * of the above project Valve on my behalf now on		
Signature of Consumer / PE		
Name:		
Designation:		

^{*} Delete where applicable

CERTIFICATE OF COMPLETION

PowerGas Ltd c/o HOS (Gas SP PowerGrid	s Transmission Projects)	
Through Ship	рег	
Signature of S Name / Design	Shipper Representative gnation	Keppel Gas Pte Ltd Name of Shipper
(Name of Pro	ject)	
(Address of G	Gas Fitting)	
the above pro Installation ha	esignated Representative of the above project, hereby conject, from, but excluding, the GSIV up to [and including / ave been designed and all gas service works have been ents of the latest revision of the following:	but excluding]* the Meter
• 0	Gas Act (Cap 116A);	
• 0	Sas (Supply) Regulations 2008;	
• 0	Gas (Metering) Regulations 2008;	
• 0	Gas Supply Code;	
• 0	Gas Metering Code;	
• S	Singapore Standard SS 608 – Code of Practice for Gas In	nstallation;
• 0	Other applicable code / standard:	
• A	all relevant acts, regulations and rules which are applicab	le to the gas installation;
• A	all statutory and relevant codes which are applicable to the	e gas installation;
	all statutory requirements in government laws and relevant lepartments.	nt regulations of government
2. I furth	er certify that the design pressure of the above Gas Fitti	ng is Barg.
	Name:	
Signature and		

*Delete where applicable

CERTIFICATE OF FINAL PRESSURE TEST

PowerGas Ltd c/o HOS (Gas Transmission Projects) SP PowerGrid Ltd	
Through Shipper	
Signature of Shipper Representative Name / Designation	Keppel Gas Pte Ltd Name of Shipper
(Name of Project)	
(Address of Gas Fitting)	
I, the Designated Representative of the above but excluding, the GSIV up to, [and including / successfully tested at(Barg) for(date) in accordance to the requirements of	(hrs) and passed the final pressure test on
Note: Please tick where applicable	
☐ Singapore Standard, SS 608 - Code of ☐ Other applicable code / standard :	Practice for Gas Installation; or
I hereby declare that the Maximum Allows (Barg).	able Operating Pressure (MAOP) is
	Name:
Signature and Stamp of PE / Date	PE No.:

^{*} Delete where applicable

CERTIFICATE OF PROOF TEST

PowerGas Ltd c/o HOS (Gas Transmission Projects) SP PowerGrid Ltd	
Through Shipper	
	Keppel Gas Pte Ltd
Signature of Shipper Name / Designation	Name of Shipper
. tame, beolghauer.	
(Name of Project)	_
(Address of Gas Fitting)	_
I, Designated Representative of the above project, he above project from, but excluding, the GSIV up to, [but excluding have been successfully proof tested and passed (date).	excluding / and including] *, the Meter
I further certify that the test pressure has been release at atmospheric pressure. Accordingly, I hereby request to admittance.	
3 I shall undertake and proceed to purge and commiss the GSIV up to [and including / but excluding] *, the Meter Institute of the commission of the commissi	-
	Name:
Signature and Stamp of PE / Date	PE No.:
 Proof test shall be conducted in accordance to the requirements of SS 608 to operate up to 50kPa and 20 KPa respectively. Otherwise, proof test shall whichever is lower, for a period of 30mins. 	or CP 51 where applicable for installation designed be carried out at 100 kPa or the operating pressure,
REQUEST FOR INTERIM ADMITTANCE OF GAS	
I, Designated Representative of the above project, he	
the above project from, but excluding, the GSIV up to [an Installation have been prepared and is ready for purging admit gas for the purpose of purging and commissioning.	d including / but excluding]* the Meter
Installation have been prepared and is ready for purging a	d including / but excluding]* the Meter and commissioning. Please proceed to
Installation have been prepared and is ready for purging a	d including / but excluding]* the Meter

^{*} Delete where applicable

Certificate of Completion (Consumer's Internal Pipe)

Date:		
To:	Keppel Gas Pte Ltd 1, Harbourfront Avenue, #05 – 05, Keppel Bay Too Singapore 098632	Reference:ver
(Proje	ct Name)	
(Addre	ess of Premises / Developm	vent)
	Pipe for the above proje equipment have been designed.	ntative of the above project, hereby certify that the Consumer's Internal ct, from and including the Meter Installation to, the appliances / gned and all gas service works have been carried out in compliance est revision of the following:
	• .	
 All relevant acts, regulations and rules which are applicable to the gas installation; All statutory and relevant codes which are applicable to the gas installation; All statutory requirements in government laws and relevant regulations of government departments. 		
2.	I further certify that the des Barg.	gn pressure of the above Consumer's Internal Pipe is
Signa	ature / Date:	Name:
Stam	np of PE	PE No.:

* Delete where applicable

Certificate of Final Pressure Test (Consumer's Internal Pipe)

Date	:		
To:	Keppel Gas Pte Ltd 1, Harbourfront Avenue, #05 – 05, Keppel Bay Tower Singapore 098632	Reference:	_
(Proje	ect Name)		
(Addı	ress of Premises / Development)		
Pi ha pr	pe for the above project, from the Meas been successfully tested at	above project, hereby certify that the Consumer'er Installation to, but excluding, the appliances / ed (Barg) for (hrs) and passed cordance to the requirements of the following relevant	quipment* the final
(a)		
(b)		
(c))		
(d)		
	nereby declare that the Maximum Allo ressure of the above Gas Installation	vable Operating Pressure (MAOP) and the Design (Barg) and (Barg) respectiv	ely.
Sigr	nature / Date:	Name:	
Star	mp of PE	PE No.:	

^{*} Delete where applicable

Certificate of Proof Test (Consumer's Internal Pipe)

Date:		
To:	Keppel Gas Pte Ltd 1, Harbourfront Avenue, #05 – 05, Keppel Bay Tower Singapore 098632	Reference:
(Proje	ect Name)	
(i ioje	ect Name)	
(Addre	ess of Premises / Development)	
the al	bove project, from [and including / but	roject, hereby certify that the Consumer's Internal Pipe for t excluding]*, the Meter Installation to, but excluding, the successfully passed the proof test ¹ on
currer		been released and the said Consumer's Internal Pipe is gly, I hereby request to proceed with the connection and
	undertake to purge and commission the excluding, the appliances / equipment	ne Gas Fitting from, but excluding, the Meter Installation up immediately after the gas turn on.
Sign	ature / Date:	Name:
Stam	np of PE	PE No.:
2.	Proof test shall be carried out at the lower of (1) 100	0 kPa and (2) the operating pressure for a period of 30mins.
REQU	JEST FOR GAS TURN ON	
the ab	pove project from the Meter Installation of	oject, hereby certify that the Consumer's Internal Pipe for outlet to the appliance / equipment has been prepared and se proceed to turn on gas for the purpose of purging and
Sign	ature / Date:	Name:
Starr	np of PE	PE No.:

^{*} Delete where applicable

INITIAL TURBINE METER RECORDS

Date:	
To:	Reference:
	-
	-
RE: Verification of Pay Meter Rea	ading
We confirm that the Turbine Meter read	dings at the commencement of the operation are as follow:
Date taken:	
Meter Serial No.:	-
Tag No.: FT -	
	Readings
Mechanical Counter	
Uncorrected Volume	
Corrected Volume	
Remarks:	
Company Name:	- <u></u>
Facilities Location:	
24 hr Contact No. for Emergency:	
Contact Person:	
Witnessed By:	
Gas Customer Rep Name / Signature:	
Designation:	
Date:	
Keppel Gas Rep Name / Signature:	
Designation:	
Date:	

STATEMENT OF TURN-ON OF GAS

Date:	
To:	Reference:
Dear Sir	
STATEMENT OF TURN-O	N OF GAS
This is to inform you that in	response to your application for turn-on of gas to your premises at
the nominal pressure of premises.	the natural gas supply on (date) at (time) at Bar/Psi* gauge into the gas installation of the above mentioned clusive of all pipeworks will need to be hydro/pressure tested successfully and signed out by
	rties that gas has been turned on to the above premises and not to tamper with ther work on the above mentioned premises should be undertaken without our
Signature of Keppel Gas P Name: Phone No.:	roject Coordinator In Charge.
Note: * Delete where applicable	
Dear Sir,	
	d been turned on to the gas installation of the above mentioned premises on t (time).
	ties that gas has been turned on to the above premises and not to tamper with notify Keppel Gas if there is a need to carry out any modification to the gas
Signature of Applicant or hi	s Designated Representative
Name	:
NRIC No. / Passport No.	:
Designation	:
Contact No.	:
Date	:

-	py given to: Name / Company / Signature ase tick appropriate box)
	Owner
	Main Contractor
	Consultant

NOTIFICATION OF GAS SUPPLY ISOLATION / TERMINATION

Date	:	
To:		Reference:
Dea	r Sir	
NOT	TIFICATION OF GAS S	SUPPLY ISOLATION / TERMINATION *
	is to inform you that in r premises at	response to your application for the isolation / termination *of gas supply to
	_	ed / terminate * the natural gas supply on (date) at addy notify all relevant parties that gas supply to the above premises have been
	e / Signature of Keppel ne No.:	Gas Project Coordinator In Charge.
Dear	r Sir,	
		oly to the above mentioned premises have been isolated / terminated * on (time).
l will	inform all relevant partic	es that gas supply has been isolated / terminated * to the above premises.
Sign	ature of Applicant or his	Designated Representative
Nam	e / Designation	:
NRIC	C No. / Passport No.	:
Cont	act No.	:
Date	•	:
Note:	* Delete where applicable	
Cop:	y given to: se tick appropriate box)	Name / Company / Signature
	Owner	
	Transporter	
	Main Contractor	
	Others	