

13. ROUTE AND SPECIFIC AREA ALONG ROUTE TO BE OPERATED BY THE APPLICANT:

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14. IF REQUIRED, ARE YOU PRE-QUALIFIED FOR FINANCING? YES NO

IF YES, PLEASE SPECIFY THE TYPE OF FINANCIAL ARRANGEMENT

LOAN WITH LOCAL BANK /CREDIT UNION

.....

(NAME AND ADDRESS OF LOCAL BANK/ CREDIT UNION)

OTHER (PLEASE PROVIDE DETAILS)

.....

IF NO, PLEASE SPECIFY THE TYPE OF FINANCIAL ARRANGEMENT

SELF FINANCING

.....

(NAME AND ADDRESS OF LOCAL BANK AND EXISTING BANK ACCOUNT NUMBER)

OTHER (PLEASE PROVIDE DETAILS)

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EACH APPLICATION WITH SUPPORTING DOCUMENTS RECEIVED WILL BE REVIEWED AND ASSESSED IN ORDER TO MAKE A DETERMINATION. EACH APPLICANT WILL BE NOTIFIED OF THE DECISION MADE IN RELATION TO EACH RESPECTIVE APPLICATION.

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APPLICANT'S NAME IN BLOCK LETTERS

I certify that the information given in this form is true to the best of my knowledge, information and belief. If there is anything in the information provided above which is not true or which I do not verily believe to be true, I understand that NGC CNG Company Limited can refuse my application.

Date: (DD/MM/YY):/...../..... APPLICANT'S SIGNATURE:.....