Distributor Name:																						
(To be filled by consumer while registering for LPG Gas connection) Particulars																						
Please write correct details as given in documents														Paste your photo								
Name o	of Consumer*																	h	ere			
<u>Saluta</u>	Salutation (Mr./Ms./Mrs/Miss)				*																	
First Name*																						
<u>Middl</u>	Middle Name																					
<u>Last Name*</u>		(Nai	me s	hal	l be	ente	ered	as p	er <u>I</u>	Phot	o ID	Prod	of)									
Consum	<u>Consumer Number</u>		lv fe	ar o	victi	200	usto	more														
Date of	Birth*	(on	ly ro	or e	XISTI	ng c	ustoi	mer	S)													
		D	D	^	<u> </u>	Μ, ,	Y Y			ı	1		1	1	1							
<u>Father'</u>	Father's Name*																					
<u>Mother's Name</u>																						
																	Ī					
Name of Spouse																						
Addres	SS*	Ad	dre	ss s	hall	be	writ	ten	as	per	Pro	of c	of A	ddr	<u>ess</u>	ı		7				
	House No *																					
	House Name/Flat Floor		_																			
	Housing Complex/Build No. *	ding																				
	Street/Road Name *																					
	Area/Land Mark																					
	City/Town/Village *																					
	District *																					
	State *																					
	PIN Code *																					
Telephone Number Mobile Number						Τ																
						Ì			· 													
Email II			•	•	•	•	•		•	•		@										
EIIIdII IV													_1									

* Mandatory Fields

CONSUMER INFORMATION SHEET (Page 2)

At Least one of the following docu	nent	s of	Proo	f of	Addı	ress	is Ma	anda	tory	. Kin	dly t	ick t	he d	ocun	nent	pro	vide	d for	Pro	of of	Addr	ess	
\square Aadhaar (UID) \square Driv												riviı	ng License No										
$oxedsymbol{\square}$ Lease agreen													ote/	r ID	No								
☐ Telephone/E													assp	ort									
☐ Self-declarat	ion	atte	este	d b	y Ga	zeti	ted	offic	cer.					П	F	Ratio	on C	ard					
													louse registration document										
☐ LIC Policy	•																	-					
																				5 ′	. ,		
Do you have Pan Number: Yes/No																		Verij	fied	Phys by D		ly butor	?
If Yes, Please enter PAN Number																			Y	es		No	
Do you have a Passport: Yes/No																			,	/		NI.	
If Yes, Please enter Passport Number																			1	es/		No	
Do you have a Driving License: Yes/No			<u> </u>						- 1														
If Yes, Please enter Driving License No											Yes				No								
Do you have a Ration Card: Yes/No			L			_	_																
If Yes, Please enter Ration Card No												Yes				No							
Do you have UIDAI Adhaar No: Yes/No			L																				
If Yes, Please enter your Adhaar No															1			Yes				No	
Do you have Voter ID (EPIC-Election Pho	ta 15) (a	rd):		ac / N/																		
If Yes, Please enter your Voter ID No	LOIL	Ca	<i>ru).</i> □	7.6	25/110	<u> </u>	1	1		-	-	1			_				Υ	'es		No	
	_		L	1																			
<u>Do you have Id Issued By Central State C</u> If Yes, Please enter your ID No	iove	rnm	ent)	: \	res/I	<u>No</u>													,	Yes		No	
ir res, recase enter your is no																	١					110	
0.44 10.44								,			•	,											
Optional Details																							
Bank Name																							
		<u> </u>	ı	ı	1	I	I	1	1	ı	<u> </u>		1			<u> </u>	1	ı	I	1			
Branch & Address																							
IFSC Code																							
								1															
Assessed Nisseller					1			1	I	1			1				1						
Account Number																							
Declaration: I declare that the informat	ion	prov	video	d by	/ me	on	the	abo	ve f	orm	is t	rue	and	corr	ect	to t	he l	best	of r	ny ki	now	edge	anc
belief. I also confirm that in the event	of a	ny i	nfor	mat	ion	prov	ided	d by	me	is r	ot t	rue	and	inc	omp	lete	an	d als	o in	the	eve	nt of	any
violation of Government Regulation rela	ted 1	to tl	he su	lqqı	ly an	d di	stril	outio	on o	f LP	G, 10	OCL	will	be	well	wit	hin	its r	ight	to to	ake	necess	ary
action including discontinuation of supp	ly o	f LP	G cy	/lin	ders,	, cai	n fo	rfeit	: the	e se	curit	ty d	epos	it a	nd c	an I	evy	pan	el c	harg	es a	s per	the
policy and guidelines. I am willing/not v		ng to	ava	ail t	he S	ubsi	dy o	n LF	G c	ylin	ders	the	refo	re I	hav	e pr	ovio	ded/	not	prov	idec	my B	ank
account details on the above request for	m																						
Name & Signature of Customer *								0	Date	:													
To be filled by Dealer/Distributor																							
Consumer Number (If allotted):									Dat	:e:													
Signature of Distributor																							
				Te	ear (Off																	
I/We, hereby, confirm receipt of duly fil	led	in K	YC f	orm	alo	ng w	/ith	rele	van	t do												dress	has
been received from				o	n				(dat	:e)													

Signature and Seal of Distributors