

ANNUAL LISTING PER LOCATION OF DEALERS/CUSTOMERS

Reporting Period: YEAR _____		NAME OF LPG SUPPLIER/S	ADDRESS					VOLUME (in MT) SUPPLIED PER YEAR																	
NAME OF COMPANY/ENTITY:																									
ADDRESS:																									
NAME OF OWNER/PRESIDENT	DATE STARTED OPERATION:																								
NAME OF DEALER/CUSTOMER	ADDRESS	CONTACT NO.	NO. OF LPG CYLINDERS SUPPLIED/REFILLED PER YEAR						TOTAL	NAME OF LPG BRAND REFILLED															
			50 kg	22 kg	11 kg	7 kg	5.5 kg	2.7		50 kg	22 kg	11 kg	7 kg	5.5 kg	2.7										

*Pls. provide additional sheet if necessary