ANNUAL LISTING PER LOCATION OF RETAIL OUTLET/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 RO/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*