**LOGO, Business Name**

**Address, Email Address and Contact Number**

**SUPPLIER’S CERTIFICATION**

**(FOR REFILLING PLANT)**

This is to certify that **Name of Bulk Supplier/Distributor**, has agreed to **sell/supply** LPG products to:

BUSINESS NAME (LPG RP) :

PRESIDENT (if Corporation)

PROPRIETOR (if single proprietorship) :

LOCATION OF FACILITY :

LOCATION OF WITHDRAWAL AND

RECEIVING FACILITY :

QUANTITY (volume in kg of LPG per month) :

VALIDITY PERIOD (minimum of one year) :

Violation of any provision of the agreement entered into by and between the **bulk supplier/distributor and refilling plant/bulk consumer** shall be ground for the revocation of this Certification.

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over Printed Name of Authorized Officer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation

**LTO DETAILS OF BULK SUPPLIER/DISTRIBUTOR**

REFERENCE CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY PUBLIC**

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