

Enquiry Form

SERVICE ENQUIRY FORM

TO: Goldfields Gas Transmission Pty Ltd
Level 8, Australia Place
15-17 William Street
PERTH WA 6000

1. Prospective User (Name)	
2. (a) ACN/ARBN (if applicable) (b) ABN	
3. Address	
4. Site Location	
5. Estimated Commencement Date	
6. Expected Initial Termination Date	
7. Proposed Inlet Point	
8. Proposed Outlet Point(s)	
9. Anticipated MDQ for acceptance at Inlet Point	
10. Anticipated MDQ for acceptance at Outlet Point	

11. ANY SPECIAL REQUIREMENTS REQUESTED BY PROSPECTIVE USER:

12. ADDRESS AND CONTACT DETAILS OF PROSPECTIVE USER:

Contact Name:	
Facsimile No.	
E-Mail Address:	
Phone No:	

DATED the day of

SIGNED BY: [name of person signing, please print]	
Signature:	
Office Held:	
Address:	