

Format for Re-activation of Deactivated Connection

To,
HP GAS DISTRIBUTOR

Name of Distributorship:

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From:

Consumer Number:

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Name of Consumer

First Name

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Middle Name

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Last Name

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Reason for not availing refills for more than 6 months

Small Family size and low consumption

Temporarily out of station

Any Other Reason

if other reason, mention details

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Signature

Date:

NOTE: Please fill in the KYC form.