## RAKGAS LLC NOC REQUEST FORM



PROJECT NAME		APPLICATION DATE		
COMPANY / CONTRACTOR PERFORMING PROJECT		ENTITY WHO AWARDED WORK TO CONTRACTOR		
COMPANY ADDRESS		NAME OF CO	MPANY CONTAC	T PERSON
CONTACT PHONE NUMBER		CONTACT EN	MAIL	
DESCRIPTION OF WORK BEING PERFO	DRMED			
REASONS FOR REQUESTING NOC				
LOCATION OF ACTIVITY NEEDING NO provided separately)	OC(Description including la	andmarks and C	Coordinates with ref	erence to maps to be
PLANNED WORK START DATE:		EXPECTED DURATION OF WORK(DAYS/WEEK)		
OTHER USEFUL INFORMATION TO SU	PPORT NOC APPLICAT	ION		
Company Representative Name Company Position /		tle	Signature	Date

Support and Telephone enquiries: +9717 2070555 (Ask for Mr. Wael Kochakji)
Technical requirements enquiries, please contact HSE focal point on +9717 2668364(Mr. Ajai/ Mr. Manoj)