



NATURAL GAS LICENCE APPLICATION FORM

NG 23/2024



NATURAL GAS LICENCE APPLICATION FORM

Pursuant to the Natural Gas Act, 2024

Guidance Notes

- 1) The completed application form should be submitted to:

Utilities Regulation & Competition Authority
Frederick House
Frederick Street
P.O. Box N-4860
Nassau, The Bahamas

- 2) The completed application form must be accompanied by a licence application fee, payable to Utilities Regulation and Competition Authority (URCA). Details of the relevant fees can be found in the Fee Schedule on the URCA website.
- 3) Should there be questions or concerns regarding this form, please contact our office at telephone number: (242) 393-0234, email address: info@urcabahamas.bs or visit our website at www.urbahamas.bs

What this application form is for?

This form should be used to make an application for the following licences:

- Gas shipper;
- Gas transporter;
- LNG gas retailer;
- LNG gas importer;
- LNG terminal operator;

or

- the extension or of an existing licence.

Note: It is an offence under section 112(1) of the Natural Gas Act, 2024 to make any statement in this application which the applicant (or the person completing this form on behalf of the applicant) knows to be false by making or producing or causing to be made or produced any false or fraudulent representation or declaration verbally or in writing.

All fields are mandatory unless indicated otherwise

Please tick as appropriate:

New Applicant

Existing URCA Licensee making new application

Existing Licensee applying for Extension

SECTION 1 – TO BE COMPLETED BY ALL APPLICANTS

Applicant details

1.1 Business Name:

Business Licence number:

Trading Name (if any):

VAT number:

Put "none" if you are not registered for VAT

1.2 Legal status:

(Please state whether the applicant is a company, sole proprietorship, partnership, joint venture, non-profit organisation or other entity (and in the last case give particulars of the legal status).

1.3 The following documents are required as part of the application process. Please check each box to confirm that you will be submitting these with your application.

Certificate of incorporation

Copy of VAT Registration Certificate

Copy of Valid Business Licence

Registered address of applicant

1.4 Please provide the registered address of the applicant in full.

1.5 Is the applicant a partnership or other joint venture (other than a body corporate)?

Yes: (Go to question 1.6)

No: (Go to question 1.7)

1.6 Please state the full name of the Partnership/Joint Venture and the full name(s) and address of each party in that Partnership or Joint Venture.

Partnership/Joint Venture name:

Partnership/Joint Venture details

Party 1 – Name and address details

Full name(s):

Full address:

Party 2 – Name and address details

Full name(s):

Full address:

NOTE: If there are more than two parties in the partnership or Joint Venture please check the box below and continue on the sheet below.

Name and addresses of additional partnership/joint venture parties included as an attachment

Contact details

1.7 Please provide full details of the person to contact with any queries about this application.

First name(s):

Family name/Surname:

Capacity/position:

E-mail:

Telephone number:

Fax number:

Full contact address:

1.8 Please provide full details of the person to contact for future regulatory purposes, if the licence applied for is granted.

First name(s):

Family name/Surname:

Capacity/position:

E-mail:

Telephone number:

Fax Number:

Full contact address:

1.9 Please provide full details of a secondary person to contact for future regulatory purposes, if the licence applied for is granted.

First name(s):

Family name/Surname:

Capacity/position:

E-mail:

Telephone number:

Fax number:

Full contact address:

1.10 Any documents served by post will be sent to the registered address unless a principal office address is given for this purpose in the box below:

Licence details

2.1 Please select the type of licence this application relates to (**check one box only**):

- Gas Shipper licence
- Gas Transporter licence
- LNG gas retailer licence
- LNG gas importer licence
- LNG terminal operator licence

2.2 Is the application for (**check one box only**):

- a new licence
- the extension of an existing licence

2.3 Please select the type(s) of gas this application relates to (**check all that apply**):

- natural gas
- other, please specify below:

2.4 State the date the new licence, specify extension or restriction is desired to take effect:

/ /
DD /MM/ YYYY

Applicant History

3.1 Has the applicant been convicted of any criminal offence; particular consideration will be given to offences of dishonesty, fraud, financial crime or an offence whether or not in The Bahamas?

YES NO If YES, provide details:

3.2 Is the applicant, or has the applicant or any related person, or any person named in this application, or any person with significant managerial responsibility or influence in the applicant, been the subject of any proceedings of a disciplinary or criminal nature, or has been notified of any potential proceedings or any investigation which might lead to those proceedings?

YES NO If YES, provide details:

3.3 Has the applicant, any related person, any person named in this application, or any person with significant managerial responsibility or influence in the applicant, been the subject of any adverse finding or any settlement in civil proceedings, particularly in convicted of any criminal offence; particular consideration will be given to offences of dishonesty, fraud, financial crime or an offence whether or not in The Bahamas?

YES NO If YES, provide details:

3.4 Has the applicant, any related person, any person named in this application, or any person with significant managerial responsibility or influence in the applicant been the subject of any adverse finding or any settlement in civil proceedings, particularly in connection with investment or other financial business, misconduct, fraud or the formation or management of a body corporate?

YES NO If YES, provide details:

3.5 Has the applicant any related person, any person named in this application, or any person with significant managerial responsibility or influence in the applicant been refused the right to carry on a trade, business or profession requiring a licence, registration, or other authority whether, as a result of the removal of the relevant licence, registration or other authority?

YES NO If YES, provide details:

3.6 Has the applicant any related person, any person named in this application, or any person with significant managerial responsibility or influence in the applicant been a director, partner, or concerned in the management of a business that has gone into insolvency, liquidation or administration while the person has been connected with that organisation or within one year of that connection?

YES NO If YES, provide details:

3.7 Has the applicant any related person, any person named in this application, or any person with significant managerial responsibility or influence in the applicant been the subject of any adverse finding or any settlement in civil proceedings, particularly in convicted of any criminal offence; particular consideration will be given to offences of dishonesty, fraud, financial crime or an offence whether or not in The Bahamas?

YES NO If YES, provide details:

3.8 Has the applicant, any related person, any person named in this application, or any person with significant managerial responsibility or influence in the applicant:

(a) in relation to activities regulated by any other regulatory body ever been refused, had revoked, restricted, or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?

YES NO If YES, provide details:

If you intend to provide these details as an attachment, please check the box below and include this information with your application.

Statement on regulatory action by any other body and/or competition law infringement(s) included as an attachment

Financial Information

4.1 Primary Bank details (name of bank, branch):

4.2 Name of applicant's commercial loan officer/bank manager/relationship manager (as applicable):

4.3 Telephone contact of applicant's commercial loan officer/bank manager/relationship manager:

4.4 The following documents are required as part of the application process. Please check each box to confirm that you will be submitting these with your application.

- Bank reference letter;
- Sources of funding;
- Any other information demonstrating financial strength and resources (e.g. audited financials)
- Provide a diagrammatic representation of the applicant's corporate structure (inclusive of parent company)
- Certificate of Good Standing

Details of applicant's directors

5.1 Please provide full details of **all** of the applicant's current director(s) (including any shadow directors or where applicable the corresponding officers).

Director 1

First name(s):

Family name/Surname:

Full **home** address:

Date of birth:

/ /
(DD/MM/YYYY)

Date of current appointment as director: / /
(DD/MM/YYYY)

Director 2

First name(s):

Family name/Surname:

Full **home** address:

Date of birth: / /
(DD/MM/YYYY)

Date of current appointment as director: / /
(DD/MM/YYYY)

NOTE: If there are more applicant directors, please check the box below and continue on the sheet below.

Name, home address, date of birth and date of current appointment of additional applicant director(s) included as an attachment.

Shareholder details

6.1 Are there any shareholders with a holding of 10 per cent or more of any class of shares in the applicant?

Yes: (Please give details below of each shareholder)

No: (Go to Section 7)

Shareholder 1 – Details

Full name of shareholder:

Full address. If an individual, please give full **home** address:

Previous address if less than 3 years at current address:

Where an individual the date of birth: / /
(DD/MM/YYYY)

Shareholding details

Effective date of shareholding: / /
(DD/MM/YYYY)

Number and class of shares held (for example 50 ordinary shares):

Percentage aggregate of the class of shares this represents:

Shareholder 2 – Details

Full name of shareholder:

Full address. If an individual, please give full **home** address:

Previous address if less than 3 years at current address:

Where an individual the date of birth: / /
(DD/MM/YYYY)

Shareholding details

Effective date of shareholding: / /
(DD/MM/YYYY)

Number and class of shares held (for example 50 ordinary shares):

Percentage aggregate of the class of shares this represents:

NOTE: If there are more shareholders, please check the box below and continue on a separate sheet.

Details of additional shareholders included as an attachment.

Details of previous applications made and licences held

7.1 Does the applicant or any related person hold any licence(s) under the Natural Gas Act, 2024 or the Electricity Act 2024?

Yes: (Please give details of licences held below) No:

Details of licence(s) held:

If you intend to provide these details as an attachment, please check the box below and include this information with your application.

Details of relevant licences included as an attachment.

7.2 Has/does the applicant or any related person applied for (whether successfully or not) or intend to apply for any other licences under the Natural Gas Act 2024 or the Electricity Act 2024?

Yes: (Please give details of application below) No:

Type of licence(s) applied for or intended to be applied for:

If you intend to provide these details as an attachment, please check the box below and include this information with your application.

Details of relevant applications included as an attachment.

7.3 Has the applicant or any related person previously had a licence granted under the Natural Gas Act 2024 or the Electricity Act 2024 revoked in the last 3 years?

Yes: (Please give details of licences held below)

No:

Details of licence(s) revoked:

If you intend to provide these details as an attachment, please check the box below and include this information with your application.

Details of relevant licences included as an attachment.

7.4 Has the applicant or any related person previously had any gas or electricity licence application refused?

Yes: (Please give details of application below)

No:

Details of licence application(s) refused:

If you intend to provide these details as an attachment, please check the box below and include this information with your application.

Details of relevant applications included as an attachment.

Details of application

Modifications to Standard Conditions

Applicants may request that the standard conditions of a licence be modified (for the purposes of section 40(1) of the Natural Gas Act, 2024 to meet the requirements of its specific case.

8.1 Do you wish to request any modifications to any of the standard conditions for the type of licence applied for:

Yes: (Please give full details below)

No:

Provide full details of the modifications requested:

State the grounds on which the applicant believes that any such modification is requisite to meet the circumstances of the particular case:

If the application is for a gas shipper licence, state the grounds on which the applicant believes that any such modification would not disadvantage any other gas shipper (including the applicant):

Proposed arrangements for commencing licensable activities

9.1 Please provide a summary of your proposed arrangements (including key dates), and any arrangements already in place, to commence the licensable activity to which your application relates:

9.2 Provide Curriculum Vitae of personnel who are key to carrying on the licensable activity relating to this application.

Please check the box below and include this information with your application.

Details of relevant applications included as an attachment.

Licence specific information

NOTE: The remaining questions in this section are specific to the type of licence you are applying for.

If you are applying for a:

- Gas Shipper Licence – please complete question 12;
- Gas Transporter Licence or for the extension of an existing gas transporter licence – please complete question 13;
- Gas Retailer Licence – please complete question 14.

Note: You only need complete the questions that relate to the type of licence you are applying for.

Gas shipper licence applications

12.1 Would you like the shipper licence to authorise you to:

- make arrangements generally with any gas transporter for gas to be introduced into, conveyed by means of or taken out of a pipe-line system operated by that transporter

Or –

- make arrangements for purposes connected with the supply of gas to specified premises, those premises being;
any premises in a specified area;
any premises of a specified description; or
particular premise

12.2 Please specify or describe the premises, location of the premises and the specified area, if any, to which the application relates. The description should enable the premises to be adequately and readily identified by map, or by other means:

If you intend to provide this information as an attachment, please check the box below and include the information with your application.

- Premises information included as an attachment.

Gas transporter licence applications

13.1 Would you like the transporter licence to authorise you to convey gas to:

(a) any premises

and/or -

(b) to any pipe-line system operated by another gas transporter:

(i) throughout The Bahamas

(ii) within a specified area or areas

13.2 If the application relates to 13.1(b) please provide a description specifying the pipe-line system that the application relates to. Stating in particular whether it relates only to any system which is designed to receive gas at an operating pressure not exceeding 7 bar gauge:

13.3 If the application relates to 13.1(b)(ii) please provide a description specifying the area to which the application relates:

Gas retailer licence applications

14.1 Please specify the premises to be supplied under this licence application (**check one box only**):

- any premises
- only to premises specified in the licence or to premises of a specified description
- only to premises situated in a specified area, or to premises of a specified description situated in that area

14.2 Please specify or describe the premises and the location of the premises intended to be supplied, or if relevant the specified area. Any description must be sufficient to enable the premises, location or area to be adequately and readily identified by map or other means.

If you intend to provide this information as an attachment, please check the box below and include the information with your application.

- Premises to be supplied details included as an attachment.

14.3 Will the gas to be supplied be conveyed to premises by a gas transporter:

Yes: (Go to question 12.6 below) No: (Go to question 12.4)

14.4 Please give details of any exemption under section 18 of the Natural Gas Act 2024 under which the gas is or will be conveyed:

14.5 Please specify, with reasons, any standard conditions that in the applicant's opinion should be included and have effect in the licence (then go to the Declaration in section 15):

14.6 Provide details of your proposed plans for your first two years' operation after commencing supply of gas to premises

If you intend to provide this information as an attachment, please check the box below and include the information with your application.

Details of proposed plans included as an attachment.

14.7 Provide details of your financial projections, funding arrangements and risk management strategy for your first two years' operation after commencing supply of gas to premises, and proof of funding for at least your first year's operation after commencing supply of gas to premises.

Please check this box to confirm that the information is included as attachments.

14.8 Provide a statement of intent in respect of the customer service obligations under the licence applied for and the steps you will take to comply with those obligations.

If you intend to provide this information as an attachment, please check the box below and include the information with your application.

Statement of intent in respect of customer service obligations included as an attachment.

15. Declaration

By checking this box I declare that:

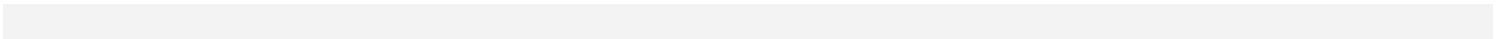
- (1) I have due authority to make this application;
- (2) I have read and understood this application form;
- (3) to the best of my knowledge and belief, all the details provided in this application form are true and complete and all the information or document(s) supplied with this application form are true and complete;
- (4) I have read and understood the relevant standard conditions of the licence that I am applying for; and
- (5) I understand that knowingly or recklessly making a false, incomplete or misleading statement in support of this application may lead to the grant of the licence being refused or revoked and may result in criminal proceedings being instituted under section 112 of the Natural Gas Act, 2024.

Signature

Name in capital letters

Capacity of signatory

Date



TIER 2 – ADDITIONAL INFORMATION TO BE COMPLETED ON REQUEST BY URCA

Further information and documents to be provided by applicant and to attend interview on request

1. Please provide certified copies of any official documents held by the applicant that confirm key details provided in the application.

Please check this box to confirm that the information is included as attachments.

2. Please provide evidence of your contact with the relevant Code Owners/Administrators

Please check this box to confirm that the information is included as attachments.

3. Please provide the full names and contact details of the applicant’s bank, solicitors and auditors.

4. Please confirm your agreement to attend an interview with URCA if requested.

5. Please produce the following documentation if requested by URCA:

- (a) Incorporation documents;
- (b) Resolutions;
- (c) Minutes from meetings;
- (d) Annual Returns and Accounts;
- (e) Forms appointing and resigning directors;
- (f) Register of Directors;
- (g) Register of Members;
- (h) Original or certified copies of passports or driving licences for each director (including shadow directors);
- (i) CVs of directors and/or any person with significant managerial responsibility or influence in the applicant; and
- (j) Certificate of criminal record background for directors and/or any person with significant managerial responsibility or influence in the applicant.

Please check this box to confirm that the documentation is included as attachments.

6. Declaration

By checking this box I declare that:

- (1) I have due authority to make this application;
- (2) I have read and understood this application form;
- (3) to the best of my knowledge and belief, all the details provided in this application form are true and complete and all the information or document(s) supplied with this application form are true and complete;
- (4) I have read and understood the relevant standard conditions of the licence that I am applying for; and
- (5) I understand that knowingly or recklessly making a false, incomplete or misleading statement in support of this application may lead to the grant of the licence being refused or revoked and may result in criminal proceedings being instituted under section 112 of the Natural Gas Act 2024.

Signature

Name in capital letters

Capacity of signatory

Date

Completing the application form

- Please ensure that you answer all relevant questions as fully as possible. The table below provides an overview of what sections need to be completed.

Tier 1	All applicants must complete this section.
Tier 1 – Licence specific information	Applicants need only complete the parts relevant to the type of application being made.
Tier 2	Applicants only need to complete this section if and when requested by URCA We may ask you to provide the additional information set out in Tier 2 if during: <ul style="list-style-type: none">○ our initial checks of your application for completeness; or○ the course of processing your application, the overall risk assessment score for the application is equal to or above the minimum threshold in accordance with our full licence application guidance.

- All fields are mandatory unless indicated otherwise.
- Please enter N/A in response to any questions that you consider not applicable rather than leave blank.
- Where the required information is being provided in the form of a separate attachment – please check the relevant box on the application form to indicate that you are including attachments and ensure that the attachments accompany your application.
- **Applicants should note that URCA will not commence processing an application until all relevant information/documents as set out in the application form have been provided and the relevant application fee has been received in cleared funds.**

How to submit your application

The application may be submitted in one of the following ways

1. By email to the email address given below (hard copy may follow by post)

URCALicensing&Monitoring@urcabahamas.bs

Paying the application fee

Payment details can be found in the application section published on the URCA's website.

What happens next?

- URCA will contact you to confirm whether the application is complete and therefore 'duly made'. Where incomplete or 'not duly made', URCA will advise you of what information is outstanding.
- Once the application is considered duly made URCA will review the application and within thirty (30) calendar days grant the licence or refuse the licence.

Our contact details

Should you have any general queries about your licence application, you can contact us at info@urcabahamas.bs

However, please note that URCA cannot provide legal advice. If you need advice on what to put in answer to a question, or whether documents are sufficient to answer a question, please seek independent legal advice.