

**Request for Permanent Disconnection & Termination of Agreement**

Service Connection No. \_\_\_\_\_

Name of the consumer: \_\_\_\_\_

Consumer category: \_\_\_\_\_

Contracted load: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No and Email \_\_\_\_\_

It is requested that the above connection may be disconnected and the relevant Agreement with the Licensee be terminated forthwith.

**Note:** The following documents are attached with the application form:

1. Copy of last bill
2. Copy of payment receipt of last bill

Thank you.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Consumer

Name:

Phone no.:

Address:

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**Acknowledgement**

Application of \_\_\_\_\_ (name of applicant) complete in all respects for disconnection and termination of Agreement has hereby been received at this office on \_\_\_\_\_ (date).

In this regard, the applicant is given a reference no. \_\_\_\_\_ to be used for all future correspondence.

Signature / Seal of Licensee's representative

Name and Designation:

Mobile No