Request for Permanent Disconnection & Termination of Agreement

Service Connection No
Name of the consumer:
Consumer category:DLT.
Contracted load: 3 KW
Address: POLICE RESERVE
Mobile No and Email 81320 99425
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:
Copy of last bill
2. Copy of payment receipt of last bill
Thank you.
Date: 22/7/28 Place: Shilling Name J. Malak Phone No.: 8132099425 Address Police Reselve Signature of the Consumer of Macas
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

