Request for Permanent Disconnection & Termination of Agreement

Service Connection No. 1000 7 5 9 4 5 5		
Name of the consumer: Smala Savio lakery		
Consumer category: DLT	1	
Contracted load:		
Address: Upper Mcw Colon		
Mobile No and Email 977 488 4	(50)	
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 1. Copy of last bill 2. Copy of payment receipt of last bill	ne application for	m: · · · ·
Thank you.		
Place: Stiller	Signature of the Name: Phone no.:	Consumer
	Address:	
Application of		(name of applicant)
complete in all respects for disconnection and ter	mination of Agre	ement 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.		
Address of the second	"p "*	
Signature / Seal of Licensee's representative Name and Designation: Mobile No	er age i	