

Request for Permanent Disconnection & Termination of Agreement

Service Connection No. _____

Name of the consumer: _____

Consumer category: 1000761008, 1000760992, 1000760990

Contracted load: 4/0 Simonella

1000804719

Address: Nongarni Hills

Mobile No and Email 9774014020

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: 4/10/25

Place: Stella

Signature of the Consumer

Name: _____

Phone no.: 9774014020

Address: Nongarni Hills

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