



Request for Permanent Disconnection & Termination of Agreement

(Refer Reg. 8.8)

To

(Representative of Licensee)

Service Connection No./Consumer ID _____

Name of the consumer: _____

Consumer category: _____

Contracted load: _____

Address: _____

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:

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: