



BUSINESS CONSUMER
CANCELLATION OF SERVICE

P.O. Box 1785
Silverton
0127
Tel: (012) 804-1039
Fax: (012) 804-0105
Midrand Office: Tel: (011) 318 2779
Fax: (011) 318 7855

APPLICATION FAX LINE 086 617 5507

(Please print. Where applicable, mark the appropriate box with an X)

Account Number

(Office use only)

Midrand Office:

PART A: PERSONAL PARTICULARS

VAT No:4860168527

Name of Business		Language Preference	English	Afrikaans
Company Registration No.		Vat Registration No.		
Type of Business		Telephone Number & Code		
Proxy: Name & Surname		ID/Passport No. (of proxy)		

DIRECTORS/MEMBERS/PARTNERS/TRUSTEES

Initials and Surname	Residential Address	Suburb	Telephone Number & Code

Building Name		Unit Number	
Street Name		Street Number	
Suburb		Erf Description / Number	
Future Business Address			
Future Postal Address			
Date of Disconnection			

BANK DETAILS - DEPOSIT REFUND

Bank		Branch	
Acc. No:	<input type="text"/>	Branch Code	<input type="text"/>
Account Type: (Mark appropriate box with a X)	<input type="checkbox"/> Cheque	<input type="checkbox"/> Saving	<input type="checkbox"/> Transmission
Bank Account Name:			

PART D: DECLARATION

- I/We declare that the information furnished on this application is true and correct
- I/We accept the conditions set out in the by-laws and regulations for the control of electricity and water, as amended from time to time.
- I/We declare that, should any dispute whatsoever (whether or not political) arise between me/us and Protea Metering, I/We will pay the account in full.
- I/We accept that I/We am/are responsible for cancelling my/our debit order/stop order.
- I/We accept liability for any tracing costs and/or legal costs incurred owing to my default.
- I/We declare that I/We will not be exempt from settling my account if I/We have not received it.
- I/We accept that interest, at a rate which Protea Metering may determine from time to time, will be charged on all overdue amount.
- I/We accept liability for consumption on the premises until the date on which Protea Metering receives a notice of cancellation of service from me/us, which notice must be received 48 hours before the cancellation of services.
- I/We accept that payments made by me/us will be allocated in the following order:

i	Outstanding Balances	iii	Water (If Applicable)
ii	Interest on these amounts	iv	Electricity

SIGNATURE OF APPLICANT

DATE