

# BUSINESS TERMINATION OF SERVICE

REG 2001/016660/07 VAT 4860168527

Partially completed forms will not be accepted and may result in utilities supply not being disconnected.

Please complete and sign this termination form, return with:

- ☐ Bank Confirmation Letter  
☐ Copy of ID

## Part A PERSONAL PARTICULARS

Protea Metering Account Number			
Name of Business			
Company Registration Number		VAT Registration Number	
Type of Business		Cellphone Number	
Email Address			

## Part B ACCOUNT AND PREMISES PARTICULARS

Complex / Flat Name		Unit Number	
Street Name		Street Name	
Suburb		Province	
Date of Disconnection			
Future Building Address			

## Part C DEPOSIT REFUND

Bank		Branch	
Account		Branch code	
Account type	<input type="radio"/> Cheque <input type="radio"/> Saving	Bank Accounts Name	

## Part D REFERENCE

Name & Surname		Relationship	
Residential Address			
Telephone Number		Cellphone Number	

## Part E DECLARATION

- I declare that the information on this termination form is true and correct.
- I accept liability for any outstanding amount in respect of the premises in Part B above and if my security deposit is not sufficient to cover the outstanding amount, I shall pay such amount within 3 days after the date of the final invoice.
- I accept that a completed Business Termination of Service Form must be submitted at least 30 days prior to my disconnection date. A termination form submitted fewer than 7 days before vacating may incur a penalty fee.
- I acknowledge that the processing time for a Deposit Refund is three weeks after the termination date.
- I acknowledge that failure to settle my final amount gives Protea the right to report my name to the Credit Bureau and pursue legal action to compel payment.
- I accept liability for any tracing costs and/or legal costs incurred owing to my default.
- I accept that I am responsible for cancelling my debit order/stop order.
- I accept the address set out in Part B above as my domicilium citandi et executandi, if another address is desired, please provide it below the signature.

Signature

Date

## CLIENT NEW ADDRESS DETAILS

Complex / Flat Name		Unit Number	
Street Name		Street Name	
Suburb		Province	