

# RESIDENTIAL 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 |                  |                             |                              |
| First full name(s)             | Initials         | Title                       |                              |
| Surname                        |                  |                             |                              |
| Identity / Passport Number     | Please Tick      | <input type="radio"/> Owner | <input type="radio"/> Tenant |
| Postal Address                 |                  |                             |                              |
| Email Address                  |                  |                             |                              |
| Telephone Number               | Cellphone Number |                             |                              |
| Future Residential Address     |                  |                             |                              |

## Part B ACCOUNT AND PREMISES PARTICULARS

|                       |             |
|-----------------------|-------------|
| Complex / Flat Name   | Unit Number |
| Street Name           | Street Name |
| Suburb                | Province    |
| Date of Disconnection |             |

## Part C REFERENCE (RELATIVE OR FRIEND NOT RESIDING WITH YOU)

|                     |                  |
|---------------------|------------------|
| Name & Surname      | Relationship     |
| Residential Address |                  |
| Telephone Number    | Cellphone Number |

## Part D DEPOSIT REFUND

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

## Part E NEW/CURRENT OWNER DETAILS OF THE PROPERTY

|                |                  |
|----------------|------------------|
| Name & Surname | Cellphone Number |
| Email Address  |                  |

## Part F 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 Residential 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 failing to submit a termination form upon vacating the premises will result in my liability for all consumption charges until the day that either a termination form or a new application form is submitted.
- 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    |