

DISCONNECTION FORM

Subscriber Information

Konnectv ID: _____

Title: _____ First Name: _____ Last Name: _____

Contact Information

Tel (Home): _____ Tel (Work): _____

Mobile: _____ Fax: _____

Email: _____

Disconnection Details

Disconnection Date: _____

Reason For Disconnection: _____

1. I understand that my service will be disconnected from the one month notice period to be given.
2. "On disconnection of service all equipment will be returned to konnectv within 7 working days of the service being disconnected to the address mentioned above"
3. If the equipment is not received the equipment charges as per the Konnectv rate card will be applicable.
4. Disconnection will only take place when all the dues are clear.

Subscriber Signature: _____ Date: _____

CONFIRMATION:

Dear Subscriber,
Your service will be disconnected and payment will be stopped from Date: _____

Kind Regards,
Konnectv

Note:

"After filling disconnection form, please scan and email it on info@konnectv.com"