

SERVICE CANCELLATION AUTHORITY FORM

CUSTOMER INFORMATION

Customer Name: _____
Account No. _____ Company Name: _____
Contact Phone: _____ Contact Cellphone: _____
Account Address: _____
Town/City : _____ Suburb: _____ Postcode: _____

SERVICES TO BE CANCELLED

<p>Service(s) to be Cancelled</p> <p><i>Please list all: Network and /or Internet Services</i></p>	
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NOTE: All services will be suspended within 30 days of cancellation received, whereafter all Bitstream property and devices will be removed from the Installation location at a scheduled date.

ADDITIONAL INFORMATION

<p><i>Please provide any other relevant information in this box :</i></p>

AUTHORISATION

I, being the legal Account Holder, hereby authorise the above service(s) to be cancelled, and I further accept that should the service(s) still be under contract with Bitstream Internet Solutions (Pty) Ltd, I will be liable for the payment of the relevant contract termination fee(s) as set out in the contract(s). I also take full responsibility for having checked for any other services or use of this line (Eftpos/Alarm/etc.) prior to making this disconnection request.

Name: _____

Sign: _____

Date: _____ (DD/MM/YY)

Requested Date of Disconnection:

_____ (DD/MM/YYYY)

Note: Requested Date of Disconnection cannot be backdated.



get in touch

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