

FINANCE DEPARTMENT CONTACT CONT.

Postal Address

(Where final account must be sent to)

Same as physical

Code

City

Province

Country

DETAILS OF PREMISES BEING VACATED

Building Name

Unit No

Physical Address

Code

City

Province

Country

Date of Vacating

Date of Disconnection

BANK DETAILS (For refund of security deposit, if applicable)

Name of Bank

Branch Name

Branch Code

Name of Account Holder

Account Number

Type of Account

Current

Savings

TERMS & CONDITIONS

1. I/We hereby confirm that I have the authority to complete this document, and certify that the information provided in this form is correct.
2. I/We hereby indemnify PEC Utility Management (Pty) Ltd, it's owners and staff from any form of liability that may arise as a result of incorrect information provided by me/us.
3. I/We understand that this form must reach the Service Provider at least 14 days prior to the intended vacating date.
4. I/We understand that I/we will be held responsible for the payment of the full utility invoices until such time that the Service Provider has received this form, and the final utility invoice has been processed and paid in full.
5. I/We understand that should the Service Provider only receive this notice after I/we have vacated the premises, I/we will be liable for the consumption on that premises until the Vacating of Premises form has been received.
6. I/We understand that any deposit due to me/us shall be refunded by the Service Provider within 45 business days after full and final payment of the final utility invoice.
7. I/We have read and understood the contents of this document, and agree to its Terms and Conditions.

Signed on this (day) of (month) (year)

Signature

Full Names & Surname (PLEASE PRINT)

Position in Company

Department