

# PEC Utility Management (Pty) Ltd

Company Reg No 2004/032820/07

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pecutilities.co.za clientservicescpt@pecgroup.co.za



## VACATING OF PREMISES - RESIDENTIAL

Please complete and submit this application during office hours, together with clear copies of the following:

- Copy of ID or passport
- A cancelled cheque / copy of blacked-out bank statement / bank confirmation letter (for refund purposes)

Documents can be faxed or emailed to: clientservicescpt@pecgroup.co.za or (f) 021 949 0241. Kindly confirm receipt thereof.

Current Account No	<input type="text"/>																																		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	Initials	<input type="text"/>																												
Full Names	<input type="text"/>																																		
Surname	<input type="text"/>																																		
Identification Type	<input type="checkbox"/> RSA ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Temporary ID (E.G. Refugee ID)																																
Identification No	<input type="text"/>										Identification expiry date	<input type="text"/>																							
Country of Issue	<input type="text"/>																																		
Email Address	<input type="text"/>																																		
Future Postal Address <i>(Where final account must be sent to)</i>	<input type="text"/>																																		
	<input type="text"/>																						Code	<input type="text"/>											
City	<input type="text"/>																																		
Province	<input type="text"/>																																		
Country	<input type="text"/>																																		
Landline No	<input type="text"/>			<input type="text"/>																			Cell No	<input type="text"/>			<input type="text"/>								

## DETAILS OF PREMISES BEING VACATED

Building Name	<input type="text"/>																									
Unit No	<input type="text"/>																									
Physical Address	<input type="text"/>																									
	<input type="text"/>																						Code	<input type="text"/>		
City	<input type="text"/>																									
Province	<input type="text"/>																									
Country	<input type="text"/>																									
Date of Vacating	<input type="text"/>										Date of Disconnection	<input type="text"/>														

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

Name of Bank	<input type="text"/>																										
Branch Name	<input type="text"/>															Branch Code	<input type="text"/>										
Name of Account Holder	<input type="text"/>																										
Account Number	<input type="text"/>										Type of Account	<input type="checkbox"/> Current	<input type="checkbox"/> 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 a consumer has vacated the premises, the consumer 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)

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Signature

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Full Names & Surname (PLEASE PRINT)