



PREMIUM CONNECT PTY LTD

Reg. No. 2017/52045

1876
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Cancellation Form

Customer Surname & Full Names: _____

Contact details: _____

Address: _____ Area Code: _____

Service Details:

- Service Type: Internet VoIP SLA Other:
- Reason for Cancellation: (Optional)
- Moving to a new location
 - Switching to another provider
 - Service issues
 - Financial reasons
 - Other: _____

Cancellation Request:

- Preferred Cancellation Date: ____ / ____ / ____
- Do you have any rental equipment? Yes No
 - If yes, will you return it? Yes No
 - Return method: Courier Drop-off at store

Final Confirmation:

I, _____ request the cancellation of my service as stated above.

I understand that any outstanding balances or equipment returns are my responsibility.

Signature: _____

Date: ____ / ____ / ____