

DISCONNECTION FORM

Please fill the form in BLOCK CAPITALS

Form Number

Billing Account Number			
Individual/Company Name			
Billing Address			
Dilling Address			
Residential/Company Address			
Numbers to be Disconnected			
1.	4.	7. 10	
2.	5.	8. 11	
3.	6.	9. 12	
Request for (please tick "\") Port to Prepay (Note: Porting fee may apply)	Suspension of Service	e (Note: Maximum suspension perio activated and customer liable for r charges)	
Disconnection of service	Date to be disconne	cted/suspended (DD/MM/YYYY)	
If Disconnection of Service, ther	reason for disconnection		
Cost cutting	Leaving the country	Moving to another network	
Port to Prepay	Contract expiring	Not entitled to a free phone under th	e contract
Other	If Other, please specify		
Please tick if you would like a Vo	dafone Account Manager to visit	or call you to discuss further options	
Comments (Please fill in your comme	nts/feedback here. Vodafone appreciates	your time in filling this section)	
Name of Authorized Signatory			
Authorized Signature		Company	
		Stamp/Seal	
Date (DD/MM/YYYY)			
Customer number		Received by	
Date of disconnection (DD/MM/	YYYY)	Disconnected by	
Total disconnection fee		Account Manager	

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