CUSTOMER REQUEST FOR CONTRACT CANCELLATION

Collect Equipment:



Account Number:		Completed form	sent to cancellations@fibrestream.co.za
CUSTOMER DETAILS			
Title: First N	ame/s:	Surname:	
Account No:		ID/Passport Number:	
Contact No:			
Final Invoice Email:	Email Address:		
Post:	Postal Address:		
	Suburb:	City:	Postal Code:
CANCELLATION DETAILS			
Cancel all my Services/Project	s Y N	Request date of c	cancellation: YYYYMMDD
Services/Projects to be cancel	led: Service No. be car	ncelled: Port	to another service provider:
DEASON(S) FOR CANCELLA	FION		
REASON(S) FOR CANCELLA Please select the key reason(s			
Customer Experience	Voice	Broadband	Affordability
edotomo: Experience	10.00	2.04454.14	7.110. uu b y
Call centre service	Call quality	Slow internet	Loss of income
Technical	Cannot make/receive calls	No coverage at new location	Insolvency or bankruptcy
Billing issues	Dropped calls	Immigration	Reduced expenses or too
Sales service	Intermittent or no service	Contract expiry	expensive
	No network coverage	Deceased	Better deal from another service provider
Other, please specify			
AGREEMENT			
I, the undersigned, declare, a	agree and confirm that: above-mentioned services, and Fib	ro Strooms accontance	
	s that may act on the information pro		ray result from its use
	I agree to be bound by Fibre Stream	=	=
http://www.fibrestream.co.za			
4. Please note that for the can	cellation to take place, the full amour	nt needs to be paid to terminate yo	ur contract.
5. We refer to the terms and co	onditions in your contract paragraphs	s 2.2, 3.3, 3.4, 6.1, 7.1, 7.2, 7.3, 7.4	4, 8.7, 9.1.1, 11.3, 11.5 & 14.
	ordance with the Consumer Act.		
	terms of a contractual agreement, the	he rental obligations are governed	by the conditions of the relevant
agreement and penalties, if 8. The information provided on			
- "			D. L. W.
Full name	Signature		Date Y Y Y M M D D
FOR OFFICE USE ONLY			
Accepted cancellation date:	YYYMMDD	Accepted by:	
Collect Equipment:		Date collected:	YYYMMDD