



**Konnectv Pty Ltd**  
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## DISCONNECTION FORM

### Subscriber Information

Konnectv ID .....

Title:..... First Name:..... Last Name:.....

### Contact Information

Tel (Home): ..... Tel (Work):.....

Mobile: ..... Fax:.....

Email:.....

### Disconnection Details

Disconnection Date .....

Reason for Disconnection.....

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1. I understand that my service will be disconnected from the next billing date.
2. On disconnection of service all equipment will be returned to Konnectv within 7 working days of the service being disconnected.
3. If the equipment is not received the equipment charges as per the Konnectv rate card will be applicable.

Subscriber Signature..... Date.....

### CONFIRMATION:

Dear Subscriber,  
Your service will be disconnected and payment will be stopped from Date:.....  
Please contact us to arrange equipment return.

Kind Regards  
Konnectv