

**ANNEXURE -VIII**

**Format of application form – Disconnection**

Licensee name M/s \_\_\_\_\_

Application No. \_\_\_\_\_

1.	Existing Consumer Number:	
2.	Name of the existing consumer:	
3.	Address of existing connection:	House/plot/premise no.
		Street
		Area/colony
		Pin Code
		Telephone No.:
	Mobile:	
	E-mail:	
4.	Date on which disconnection is to be carried out:	
5.	List of documents attached: (i) Copy of latest bill duly paid (ii) Identity proof	

Date:

Signature of the applicant/ authorized signatory along with company seal:

Place:

Name: