



A Member of MMC Group

TERMINATION FORM

BILLING SECTION
Accounting & Finance Department

A. TO BE FILLED BY CUSTOMER

1. Account No. : _____

2. Registered Name : _____

3. Registered : _____
Address : _____
: _____
: _____

4. Reason for Termination : _____

5. Effective Termination Date : _____

6. Telephone No. : _____

7. Request Type Termination Request by the New Occupant of Premises
 Temporary Disconnection for 6 Months (all arrears settled)
 Extend Temporary Disconnection for Another 6 Months from the Expiry Date

Requested By

Signature : _____

Name : _____

Date : _____

B. TO BE FILLED BY GMB

BILLING SECTION

1. Status During Request	Accepted By (Counter)	Received By (Credit Control)
Status : _____	Signature : _____	Signature : _____
Type : _____	Name : _____	Name : _____
Deposit : _____	Date : _____	Date : _____
Outstanding : _____	Remark : _____	Remark : _____

2. Disconnection Information

Work Order Date : _____

Disconnection Date : _____

Last Reading Data : _____

Meter Serial No : _____

Remark : _____

3. Account Information

Deposit In UBIS : _____

Others : _____

Arrears : _____

4. Expiry Date of Temporary Disconnection

Disconnection Date : _____

Temporary Disconnection Expiry Date : _____