

## **JEFFREYS BAY**

**TEL:** 042 293 4168 • **E-mail:** sales@true.co.za **ADDRESS:** Shop 3 • Fountains Estate • Blaauwkrans Str

## ST FRANCIS BAY

**TEL:** 042 293 4168 • E-mail: stfsales@true.co.za **ADDRESS:** Shop 11 • The Village Square

## TRUETECHNOLOGIES ON THE WEB

facebook.com/TrueTechnologies www.truehotspot.co.za & www.true.co.za

## TRUEWAN CANCELLATION REQUEST

AGREEMENT DETAILS

RESET FORM

Client Code			Customer Name			ID Number			
DECLARATION									
<ul> <li>I understand that I must give 1 full calendar months' notice to terminate my current TrueWAN Subscriber Agreement.</li> <li>I allow True Technologies to remove CPE from my premises upon cancellation of my agreement.</li> <li>I understand that I am still liable for the final payment of my TrueWAN account until such service is terminated as per the instruction below.</li> </ul>									
Installation Address									
	Line 1								
	Line 2								
Suburb									
	City / Town								
	Postal code								
Contact Details									
	Telephone Number		Cellphone Number						
E-mail Address									
Cancellation Details									
	Today's Date				Service Termination	n Date			
	Reason for Cancellatio		Relocation S	ervice Down To	oo Often I	Poor Customer Ser	vice	No More Use	
ке		on	Other please specify:						
TRANSFER DETAILS									
TRANSFER FEE OF R300, NEW TENANT TO COMPLETE MEMORANDUM OF AGREEMENT									
I, (Customer Name)				hereby authorise True Technologies to transfer the equipment iient Name) to take effect on(Da					
Signed at on TO BE COMPLETED ONLY IF YOU ARE LEAVING EXISTING TRUEWAN EQUIPMENT TO ANOTHER TENANT/OWNER									
PRINT NAME		CAPACITY	APACITY		SIGNATURE		WITNESS		