



Discontinuation of Services / Afsluiting van Dienste

Please Note: This form must be completed only if you are moving to another premises where the electricity / water accounts are not administrated by Impact Meter Services.

A final account administration fee of R 87.00 (excl vat) will reflect on your final invoice. The deposit refund will only take place 4 to 6 weeks after final invoice date.

Account Holders Information

Name: _____

ID Number: _____ Current acc Ref No. _____

Tel: _____ (W) _____ (Cell) _____

Vacating Address: _____

Date for services to be **DISCONTINUED** at current address: _____

NB!! Whilst all efforts are made to disconnect the electricity supply on this date, it is not always possible to do so. Please ensure that all circuit breakers in the distribution board are switched off before you finally vacate so as to prevent any further electricity consumption for your account.

New/Postal _____

Address: _____

Latest Email _____

Address: _____

NB: Your final account will be posted/Emailed to this address the month after your discontinuation date. Remember service accounts work a month behind You will still receive another account next month.

Deposit Refunds: Final readings of the electricity/water meter will be taken after you have vacated the premises. Your deposit will be credited to your account as a payment and the final account will be posted to the forwarding address supplied above. Should your deposit be insufficient to settle the outstanding balance, your settlement payment must reach us no later than the date indicated on the final account. Should your deposit be in excess of the outstanding balance, the surplus amount will be deposited to the bank account of which details you are to supply here below. Impact Meter Services wishes you all the best for the future

The deposit refund will only take place 4 to 6 weeks after final invoice date

Banking Details

Name of account holder: _____

ID No: _____

Bank Name: _____ Branch: _____

Account Number: _____ Branch Code/ Takkode: _____

Account Type: _____

PLEASE PROVIDE US WITH PROOF OF BANKING DETAIL

Signature _____

Date: _____

FOR OFFICEUSE ONLY: Date _____

IMS Signature _____