## Notification of Service Disconnection from Customer of #

Customer Name (as registered (Family Name then followed by Given User Name: (if different from above Customer Account Number(s)		ID /DD /D	
Customer Account Number(s)		ID/BR/Passport No. : (Delete as appropriate)	
	re)	ID/BR/Passport No.: (Delete as appropriate)	
	(optional):	(Belete us appropriate)	
(features) involved have to be specifie	ntures) requested for terminated and please attach sheets in case	ntion: (all telephone / Private Circuit / Datal of insufficient space) ed (if any) Duplex ringing number(s) (or	
Autopay Information (optional		to rent from # [ ] return to #	
Bank Name: Installation address:	Bank Account No.:	Signature:	
Flat/Room/Unit :, Floor	Street No.:, Street Na	ling : me :,	
HK/KL/NT (Delete as appropri		<del></del>	
New Correspondence address (	(required only if different fr	om above):	
Customer contact person:		Tel. No.:	Fax No. (optional
The Customer authorises # to terminat that # excludes all liability to the Cust contract, tort, or otherwise and includi consequential loss or any cost relating party.  Termination of the associated dup  The Customer authorises # to term above) and/or services (features) ic and any third party which may aris direct loss and indirect loss (included)	comer and any third party which ming direct loss and indirect loss (in to any interruption of the Custom elex ringing number(s) and the associate the number(s) and the associate the number (s) and the number (s	eatures) identified above (each a "Service" ay arise out of or in connection with terminat cluding loss of profit, goodwill or business oper's or any other party's business) incurred by intended duplex ringing number(s) (the termination of the Services whether in contract, the iness opportunity or any other consequential in the business op	ion of the Services whether in oportunity or any other the Customer or any third ination of which is requested des all liability to the Customer ort, or otherwise and including
		Number Portability is required) telephone numbers involved and requested s	ouviese have to be energified on
please attach sheets in case of insuffic		telephone numbers involved and requested s	ervices have to be specified and
number(s) to	(Name of the Recipination	by # under the number(s) identified above for ient Network Operator) subject to the technically by other party in contract, tort, or otherwise for or in relation to the number porting arrangem	al procedures agreed among the r any loss or damage suffered or
meaned by the customer or ally o	AND PART B		
SIGNATURE FOR PART A			
SIGNATURE FOR PART A		Company Chop of the Customer:	
SIGNATURE FOR PART A  Authorised Signature & Date :		Company Chop of the Customer:	
Authorised Signature & Date : Name:			For # use only
SIGNATURE FOR PART A  Authorised Signature & Date : Name:  PART C: (To be completed by the	he Requesting Operator for I	Company Chop of the Customer :	
Authorised Signature & Date : Name:  PART C: (To be completed by the Date: LAL / BW* Order No:	he Requesting Operator for I	Local Access Link / Blockwiring*) to provide Local Access Link (LAL) / Block	For # use only