Termination Form

No. : .....

Name : .....

Identity number : .....

Contact : Phone : ..... Fax : ..... Email : .....

Company

Company name : .....

My position : .....

Address : .....

.....

Contact : Phone : ..... Fax : ..... Email : .....

The services that will be terminated :

No	Service name	Capacity	Installation address	TerminationTime

Reason of termination :

.....

.....

The Document that should be completed :

Company

☐ Copy of ID card (KTP or Badge)

☐ Power of attorney letter (when the requestor is different with person who signed the contract)

I declare that all information above are right.

Officer, Customer,

_____ _____