

## Cancellation of Account Request

(Applicable for Cooling Off Period Only)

### Account Holder Details

Full Name:	<input type="text"/>
Mailing Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>
Date of Birth:	<input type="text" value="DD / MM / YYYY"/>

### Authorised Representative Details

*[to be completed if an Authorised Representative is completing the form on the Account Holders behalf]*

Full Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Contact Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Date of Birth:	<input type="text" value="DD / MM / YYYY"/>		

### Service Details

Service Type to be Cancelled:

- ☐ Electricity Account
- ☐ Hot Water Account
- ☐ Both

Service Start Date (as advised when account was setup):

DD / MM / YYYY

Service Address:

Suburb:

State:

Postcode:

Account Number (if known):

### **Cancellation Request**

I hereby request the cancellation of my account(s) for the services indicated above under the cooling-off period provisions. I understand that this cancellation is effective immediately upon NeoGrids receiving this form and that no fees or penalties will be charged if this request is made within the cooling-off period.

**Reason for Cancellation (optional):**

---

### **Acknowledgment**

By signing below, I confirm that I wish to cancel my account(s) as outlined in this form and that I am exercising my right to cancel within the cooling-off period.

Signature:

Date:

DD / MM / YYYY

### **Submission Instructions**

Email: support@neogrids.com

Mail: NeoGrids Customer Support

Level 19, 180 Lonsdale Street,

Melbourne VIC 3000

**NeoGrids Office Use Only**Received By: Date Received: Reference Number: Action Taken: