



ABN 6010 3855 713  
NORFOLK TELECOM

<b>Official Use Only</b> MDF: ..... Service ID: .....
---

**APPLICATION FOR TERMINATION OF NORFOLK TELECOM SERVICE(S)**

**About this form**

Use this form to advise Norfolk Telecom of your intent to terminate services, including: landline, internet & leased circuit services.

**How to complete this form**

- Ensure that all fields have been filled out correctly in BLOCK LETTERS;
- Fields on this form marked with an \* are mandatory and must be completed before submitting this form;
- Submit this form by email or in person, see Lodgment Details below.

**Personal / Business Details**

Name / Business Name of Applicant: *		
Home Telephone: *	Work Telephone:	Mobile:
Service Address: *		
Customer Service(s) to be Terminated:		
<input type="checkbox"/> LANDLINE NO: _____ <input type="checkbox"/> INTERNET ID _____ <input type="checkbox"/> LEASED CIRCUIT _____		

Termination Date: \* \_\_\_\_\_ (please advise 3 days prior to termination date)

NOTE: Service disconnection is a manual process completed during Norfolk Telecom’s standard business operating hours. Please select a termination date on a week day (Mon – Fri) between the hours of 7:00am and 3:30pm.

**FORWARDING ADDRESS NOTIFICATION**

Forward any final invoices to Email: \_\_\_\_\_

Forwarding Postal Address: \* \_\_\_\_\_

NOTE: Any final balances owing on a terminating account are to be paid-in-full. Any BOND held may be applied to outstanding debts. BOND payments will only be credited to a customer account following the termination of all services and, the payment of all Norfolk Telecom accounts.

For a BOND or account credit refund, please complete a Customer Refund Request form.

Signed *

Date

**Privacy**  
Your personal information will be collected, stored, used and treated in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APP).

**Lodgement Details**

**Mail:** Norfolk Island Regional Council  
PO Box 95  
NORFOLK ISLAND

**In person:** Customer Care  
9 New Cascade Road  
NORFOLK ISLAND

**Email:** [customercare@nirc.gov.nf](mailto:customercare@nirc.gov.nf)

**OFFICIAL USE ONLY**

Receiving Officer Name:	Date:
Receiving Officer Signature:	

**Service Details**

Service ID: * (your Norfolk Telecom landline and/or internet service identification number(s))
Customer Number:

**TECHNICIAN USE ONLY**

<input type="checkbox"/> Block in PEM/MDF
<input type="checkbox"/> Wiring
<input type="checkbox"/> Remove from PEM
<input type="checkbox"/> Remove from Gateway
<input type="checkbox"/> Update Records
<input type="checkbox"/> Update BOSS