



Termination of Agreement on Provision of Electronic Communication Services

Fill in the form, print it out, sign it and deliver it to the address indicated in paragraph 6 below. Fields marked with a red “/” are mandatory and must be completed.

I hereby terminate the Agreement on Provision of Electronic Communication Services (hereinafter the “Agreement”) and request that it be terminated immediately upon the expiry of the notice period.

Services to be terminated Internet Digital television Telephone services

Agreement number
Date of execution of the Agreement Telephone number
Reason for termination

Participant

Name and surname

Address where the services are provided

Street, number

Postal Code, municipality – city ward

Participant's mailing address

Street, number

Postal Code, municipality – city ward

Contact details

Telephone E-mail

Participant

Date in the DD/MM/YYYY format Signature

Name and surname

signature of the authorised person or a person authorised to act on the basis of the attached officially authenticated power of attorney which must not be older than 6 months

