



TENANT ELECTRICITY ACCOUNT TERMINATION FORM

Instructions for Tenants:

- Contact the Building Management/LEW for the turn-off of the electricity supply at your premise location.
- Complete **Part A** of this form, and pass the copy to your Building Management.

Instructions for Building Management:

- Complete **Part B** of this form, and email / fax the completed form to: hyflux_energy@hyflux.com or Fax: (65) 6443 2812, Attention to: Customer Relations

Please allow a minimum of **3 business days** for the form to be processed upon receipt by Hyflux Energy. An Account Termination letter will then be sent to the Tenant and Building Management.

Part A : Account and Premise Details (To be completed by Tenant)

Name of Registered Company: _____
(per Business Profile or ACRA)

Mailing Address: _____ **Postal Code:** _____
(to send all communications including final invoice)

Hyflux Energy Account No.: _____

Name of Shop(s) / Outlet (s): _____

Electricity Supply Location (s): _____ **Postal Code:** _____

Offset Security Deposit against the final invoice? Yes No
* for Security Deposit held in Cash only (Please Tick where applicable)

In the event the Security Deposit is not sufficient to offset the final invoice amount, payment for all outstanding amounts will have to be made by the invoice due date. Remaining Security Deposit amount, if any, will be refunded to the Registered Company and sent to mailing address stated above approximately 2 to 3 weeks after the settlement of your final invoice. Please ensure the contact details are correct as we may contact you with regards to your payment / refund of the Security Deposit.

Contact Person for Tenant

Name : _____

Designation : _____

Email : _____

Mobile No. : _____

Office No. : _____

Fax No. : _____

Signature of Authorised Signatory and Company Stamp

Name of Authorised Signatory

Date

Part B : Electricity Supply Turn-Off Details (To be completed by Building Management/LEW)

Effective Termination Date : _____ **Last Meter Read :** _____ kWh

Date of Last Meter Read : _____ **Multiplier Factor :** X

Meter Serial No. : _____

*Please provide photo of last meter read.

I/We confirm that the information is true and correct, and the electricity supply has been turned off on the effective termination date as above.

Contact Person for Building Management

Name : _____

Designation : _____

Contact No. : _____

Signature of Authorised Signatory and Company Stamp

Name of Authorised Signatory

Date

For Hyflux Energy Internal Use Only

Termination Form Receipt Date : _____ **Hyflux Energy Account No. :** _____

Security Deposit held by Hyflux Energy : _____ **Handled By:** _____