IOAG	IndianOil-Adani Gas Pvt. Ltd. Service Request Form - Permanent Disconnection																			
IndianOil-Adani Gas Pvt. Ltd.						Fe	or Ci	usto	mer	Care										
Customer ID #						-						Refund	Reau	lest	No:					
Customer Name												Refund Request No: Request Date:								
												1.1.1								
Customer Address																				
Area						Telep No.	hone					Mobile N	Mobile No.							
Pending Dues Amount Rs.	Invoice Amount					Rs.														
	Connection Charges					Rs.														
	Other Charges					Rs.														
	Total Amount					Rs.														
December of Deckelle	Outstanding Cheque No.					Amount Rs.														
Payment Details	Cnec	jue N	0.																	
Reason for Permanent Disconnection																				
Bank Name & Branch																				
Bank Account Number																				
Bank MICR Code																			1	
Bank IFSC Code																				
Customer Email ID																				
I/We hereby declare that the particu I/We would not hold IOAGPL respon Name of Customer																		informa	ation,	
Care Executive																				
Signature of Customer Care Executive						Customer's Name & Signature														
							For 1	Billir	ng De	ept.										
Remarks:	For Billing Dept.																			
Total Payment Received on A/c of Deposit						Rs.														
Net Security Deposit Amount						Rs.														
	Invoice Amount					Rs.														
Deductions:	Connection Charges					Rs.														
	Other Charges					Rs.														
	Disconnection Charges					Rs.														
	Total Deductions					Rs.														
Net Refun	nd Amo	ount				Rs.														
										Prepared By				Billing Dept.						
Encl	1.																			
1. Application	2. Co	py of	cano	celled	che	eque														