

REMOVAL FORM

NAME: _____
LASTNAME FIRSTNAME INITIAL

ADDRESS: _____
_____ BB: _____

NAT. REG. NO: _____

TELEPHONE NO: HOME: _____ CELL: _____

WORK: _____
(IF APPLICABLE)

EMAIL ADDRESS: _____

I/We request the Barbados National Energy Company Limited to execute the following works: -

Remove Meter ☐

Cut Off Service ☐

At, _____

(State address where work is to be carried out if different from the above noted address)

Do you have an existing natural gas account at this location?

☐ Yes, Account Number _____

☐ No

PLEASE READ

I/We, agree to pay the relevant charges incurred in undertaking this work. Payment of all charges for this service shall be the responsibility of the person signing the application unless the application is made by a person authorized to sign on behalf of a company, organization or other entity registered under the Laws of Barbados in which case it will be the responsibility of the company, organization or other entity. Therefore, written authorization should be presented to the Corporation (BNECL).

SIGNATURE: _____ DATE: _____

ACCOUNT NO.: _____

VERIFIED BY: _____ DATE: _____