BNECL
POWERING THE FUTURE

TRANSFER OF SERVICE

ACCOUNT NO: _____

NAME ON ACCOUNT: _____ _____ _____
                              LAST NAME   FIRST NAME   INITIAL

CURRENT SERVICE ADDRESS: _____

_____

FORWARD ADDRESS: _____

_____   **BB:** _____

EMAIL ADDRESS: _____

TELEPHONE NO: **HOME:** _____   **CELL:** _____

WORK: _____
(IF APPLICABLE)

ACCOUNT TYPE: **DOMESTIC** [ ]   **COMMERCIAL** [ ]

METER NO: _____

DISCONNECTION DATE: _____
                                      YEAR/MONTH/DATE

SIGNATURE: _____   **NAT. REG. NO:** _____

DATE: _____