



Sales & Inquiry
+91 9039013100, 9039016100
Time: (Monday to Saturday 10:30 AM to 7:00(PM))
 +91 9713154321
(Whatsapp & SMS Only)

Complaint
+91 751 2458202, 4888300
Monday to Saturday 8:00 AM To 9:00 PM
 +91 9713354321
(Whatsapp & SMS Only)

Connection Disconnect Request - Version 2.0

To,
Service /Account Manager
Pc Care Airway Infratel (P) LTD., Gwalior
Subject: - Regarding Disconnection & surrender of Broadband/Internet Lease Line connection.

Dear All,

With reference to above mentioned subject kindly disconnect of my/our Airway & FiberOne Broadband/Internet Lease Line Connection from date __/__/__ due to (Reason)_____. My/our subscription/connection details is given below

Subscriber Existing Details

Subscriber Name			
Subscribed Service Detail	<input type="checkbox"/> Home Broadband <input type="checkbox"/> Business Broadband <input type="checkbox"/> Internet Lease Line Service		
Customer Segment	<input type="checkbox"/> Home <input type="checkbox"/> Business		
Service Media	<input type="checkbox"/> Fiber <input type="checkbox"/> Wireless <input type="checkbox"/> Ethernet		
Account ID			
Equipment Recovery Address			
Registered Mob. No.(Primary)		Secondary Mob.No.	
Contact Person Name/Mob.no			
CRE Name			
Reason of disconnection & Surrender			

Subscriber Important terms and Acknowledgement:-

1. Minimum time to disconnect will take 15 working days for stop billing from server & 15 days recover/restore/uninstall all provided CPE (Equipments) from your location.
2. You are compulsory to clear all pending dues of invoice at the time of request submission.
3. You are compulsory to return & surrender all CPE (Equipments) to the company in good condition without any dispute.
4. After the clearing and payment of dues amount of company; company will refund your all deposited security deposit amount via cheque/ demand draft within 15 working days.

I/We accept that I/We have read, acknowledge, understood and agreed to all above mention terms & conditions. (If there is any refund after settlement of all dues from your company then kindly make the payment with following details.)

Please Fill Applicant Details

Subscriber Signature	Name	Contact No	Request Date

Internal Office Use

We care Case ID		Logged by		Date		Time	
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Equipment Received Acknowledgment (Customer Copy)

Returnable Material From Subscriber Location

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.

Signature (Field Executive)

Name: _____ Mobile No _____

Date: __/__/__