

Termination of natural gas supply contract residential usage * professional usage **

* Residential (private household, farmer)

** Professional (artisan, trader, self-employed professional etc.)

(1) Between the customer:

	Customer N°*: (N° Client)*	Customer account*: (Compte Client)*	Installation*: (Installation)*
A)	Mrs	Mr	
	Surname / Forename: _____		
	Date of birth or social security number: _____		
B)	Company name: _____		
	Corporate format (S.A., S. à r. l., or other): _____		
	Business register N° or VAT N°: _____		
	Company represented by (Surname / Forename): _____		

and **Leo S.A.**, with registered office at 9, boulevard Roosevelt in L-2450 Luxembourg.

* You will find this data on your natural gas bill.

(2) Address of consumption point (connection/meter location):

Street: N°:	Postal code:		
Block N°:	Floor:	Apartment N°:	
Location:	Country:		
Type:	house	apartment	studio
	hall/garage	trading premises	other: _____
			common sections

(3) Date of termination of supply*: / /

Meter or POD N°**:

Reading(s) of meter(s) (index) ***: 1) 2) 3)

* Where applicable, date of meter reading, date of move or date on which keys were returned.

** These data appear on your natural gas bill.

*** Please read the meter index on the day of your move out or the date of the keys' remittance and send us the form within 3 days at the latest.

(4) Your billing address:

Only to be filled in if the billing address differs from the consumption point (see section 2).

Street: N°:	Postal code:		
Block N°:	Floor:	Apartment N°:	
Location:	Country:		
Email:	Telephone N°:		

(5) Your billing address after the move:

Street: N°:	Postal code:		
Block N°:	Floor:	Apartment N°:	
Location:	Country:		
Email:	Telephone N°:		

The new billing address is valid from: _____

(6) New customer (new TENANT or OWNER):

Please state the new TENANT's current details below.

or

Please state the details of the OWNER of the consumption point below.

Surname and Forename: _____

Street: N°: _____ Postal code: _____

Block N°: _____ Floor: _____ Apartment N°: _____

Location: _____ Country: _____

Email: _____ Telephone N°: _____

(7) Do you wish to remain an Leo customer at your new consumption point after your move?

YES

NO

Only to be filled in if the new billing address differs from the billing address after the move - see section (5).

Street: N°: _____ Postal code: _____

Block N°: _____ Floor: _____ Apartment N°: _____

Location: _____ Country: _____

Email: _____ Telephone N°: _____

• Do you wish to be contacted by phone to arrange a new supply contract?

YES

NO

• Do you wish to receive a natural gas supply contract by mail?

YES

NO

(8) Power of attorney:

The undersigned hereby authorizes Leo S.A. to act as follows in his/her name and on his/her behalf:

- 1) To terminate his/her existing natural gas supply contract with his/her current supplier.
- 2) To submit a request to the grid operator for collecting personal data and information in relation to the point of delivery concerned, and to take all the necessary steps to enable Leo S.A. to carry out the supply.

Date: _____

Signature of FORMER Customer*: _____

*stating "read and approved"

Signature of NEW Customer*: _____

*stating "read and approved"

Please fill in and/or correct the information/details made in this document and return it to us, duly signed and dated.
Thank you in advance.