JSC Latvijas Gāze

Customer Service Centre: 20 Vagonu Street, Riga, LV-1009

Phone: 67869866, e-mail: info@lg.lv

**APPLICATION for the termination of the contract**

THE FORM MUST BE COMPLETED IN BLOCK LETTERS

|  |  |
| --- | --- |
| Name, Surname/Name |       |
| Personal identity number/Reg. No. |       |
| Address of correspondence: |  |
| E-mail |       | Phone |       |
| ☐ I am the authorised representative *(a copy of the power of attorney or a document confirming the right of representation must be submitted with the application)* |
| Subscriber number |  |
| Address of the gasified object |  |

|  |  |
| --- | --- |
| Date of cessation of the use of natural gas |       |
| Meter reading at the moment of cessation of the use of natural gas |       |

**Justification for the termination of the contract**

[ ]  cessation of natural gas supply *(provided by the distribution system operator JSC Gaso,
phone: 155, e-mail:* *info@gaso.lv**);*

|  |  |
| --- | --- |
|       |  |

[ ]  change of the user *(if known, please provide the name, surname, e-mail and phone number of the new user)*

|  |  |  |  |
| --- | --- | --- | --- |
| **☐ Overpaid amount** |       *EUR* | **to be transferred to another subscriber No.:** |       |
| Address of the gasified object to which the overpayment should be transferred |       |
| **☐ Overpaid amount** |       *EUR* | **to be paid to a current account** *(only if no new contract is*  |
|  |  | *concluded)* |
| Name, surname of the account holder |  |
| Personal identity number of the account holder |  |
| Bank name |  |
| Account Number |       |

Information that the payment has been refunded:

|  |  |
| --- | --- |
| [ ]  should be sent to the e-mail specified | [ ] I do not want to receive it |

By signing this application:

* I agree that, if I have a debt for another gasified object, the overpaid amount should be transferred to the address of the gasified object where the debt has incurred in proportion to the amount of the debt;
* I certify that in the case that a third party is indicated as the recipient of the overpayment, it has been granted the right to receive funds from *Latvijas Gāze* on behalf of the person, who has concluded the contract with *Latvijas Gāze* or on behalf of the payer;
* if the payment for natural gas, systems and other services at the gasified facility has been made by a third party, I undertake to inform the third party, that in the case of overpayment, a person who has concluded the contract with *Latvijas Gāze* will be entitled to receive it;
* I agree that, if the information or documents submitted in relation to the overpayment transfer are insufficient, I must provide the requested additional information within 15 days, but if the required information is not provided within 1 month, the overpayment transfer and/or payout will not be made;
* I confirm that I have read the [Personal Data Processing Statement](https://lg.lv/personas-datu-apstrades-pazinojums) of *Latvijas Gāze*, and I acknowledge its binding force.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 202 |  | year  |  |  |  |
|   |  |  |  |  | /signature and printed name/ |  |  |
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  The overpayment is refused | [ ]  To be repaid |  | EUR | [ ]  To be transferred |  | EUR |
| Date |  | Signature and printed name of the employee |  |

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