

NATIONAL GAS BUSINESS MOVE OUT FORM

Please use BLOCK capitals when completing this form

Everything marked with an asterisk (*) is a mandatory field.

		Postcode:	
Date of move out*:			(DD/MM/YYYY)
revious / Outgoing	customer name:		
Previous / Outgoing	business name:		
Forwarding address for Outgoing custom address):	ner (Must be different from site		Postcode:
Landlord's name and (Where applicable)	telephone number*:		
	ILS You <u>must</u> provide the meter read on which cannot be raised as a dispute in		sed for the invoice based o
MPRN	Meter Serial Number(s)	Gas Meter Reading(s)	Meter Read Date
Print Name			
	<u> </u>		Signatu
Outgoing Customer s	ignature(s)*:	Name (BLOCK CAPITALS) *	
		Name (BLOCK CAPITALS) *	
Outgoing Customer s Position in business*: andlord's signature*:			: /20
Position in business*:		Date*: /	: /20
Position in business*:		Date*: / Name (BLOCK CAPITALS) *:	: /20
osition in business*: andlord's signature*:		Date*: / Name (BLOCK CAPITALS) *: Date*: /	: /20 /20

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