

## Service Cancellation Form

Form No:.....  
 Organization Name: .....  
 Address: .....  
 Landline:..... Mobile:.....  
 Office Timing:..... Lunch Break:.....

### **Owner/Chairman/Secretary/Highest Authority**

Name:.....Mobile No: .....  
 Personal Email Id: ..... Office Email Id:.....  
 Land Line No: ..... Preferable Meeting Day:.....  
 Preferable Call Timing:..... Preferable Meeting Time.....

### **Organization Bank A/c Detail**

A/c Holder Name:.....A/c Type: Saving / Current  
 A/c Number: .....  
 Bank Branch:..... IFSC:.....

### **Product/Service Purchased**

**Service Cancellation Request will accept if it have been initiated within 10 days from product starting date/purchase date**

Product Name	Price (In Rs.)	Price accepted by client (In Rs.)	Advance (In Rs.)	Purchase Date (as per CRM)
School Software	Rs. 70000 / Licence			
College Software	Rs. 61000 / Licence			
Hospital Software	Rs. 47000 / Licence			
Website & SMS	Variable			
Others(.....)	Variable			

**Reason for Product/Service Cancellation:**

**Any Suggestion:**

**Authorized Sign and Stamp**

**Place :..... Date & Time:.....**