



# DISCONTINUANCE OF ELECTRICITY AUTHORIZATION FORM

THE UNDERSIGNED ..... OF [FATHER'S NAME].....  
AND OF [MOTHER'S NAME] ....., RESIDENT OF ..... STREET NO..... ,  
WITH I.D./PASSPORT NO ..... AND VAT NO .....

*(For legal persons, the aforementioned gaps shall be completed with the details of the legal person's legal representative, while the following gaps with the details of the legal person)*

ACTING IN MY CAPACITY AS LEGAL REPRESENTATIVE OF THE COMPANY UNDER THE NAME: .....  
..... WHICH HAS ITS SEAT AT ..... ,  
....., WITH VAT NO ....., of TAX Office.....

I authorize the Supplier of electricity under the name "NRG SUPPLY AND TRADING SINGLE-MEMBER ENERGY SOCIETE ANONYME" and distinctive title "NRG SUPPLY AND TRADING S.A." which has its seat at Amaroussion, on the junction of 168 Kifissias Avenue and Sofokleous Street, (VAT No.: 998102480, Tax Office: Athens FAE, GEMI No: 008361601000), to represent me before the Hellenic Electricity Distribution Network Operator S.A. (HEDNO), for the purposes of submitting and receiving documents on my behalf and proceed with all necessary actions provided by applicable legislation in connection with the ceasing of the representation of the following meter(s) and the discontinuance of electricity to the below supplies, of which I am the lawful user.

No.	Supply Number	Meter Number	Establishment Address	Representation Percentage*

I declare that the desired date of discontinuance of electricity supply, which may not be less than thirty (30) days from the date of filing of this application is.....

Final (settlement) bill postal address: .....

Telephone numbers: .....

### DECLARATION:

I declare that, in the event of the non-timely completion of the above discontinuance request due to fault on the part of HEDNO, I wish to be compensated with the amount of RAE decision 1151A/2019 (Government Gazette B 1339/2020) "Modification of the Program 'Guaranteed Services to Consumers' of the Hellenic Electricity Distribution Network Operator (RAE decision 165/2014) and codification in a single text", which I wish to be deposited to my account with IBAN no..... . Furthermore, I declare that I fully understand that the non-completion of the above bank account details results in the exemption of the Network Operator (HEDNO S.A.) from its obligation to pay the relevant amount, pursuant to the provision of paragraph 3 of section B ("FINANCIAL TERMS - PAYMENT OF AMOUNTS") of the Annex to the above decision (Government Gazette B 1339/2020).

The Authorizing Person

Place:.....

Date: .....

Signature

