



We know that this will be a difficult time, so we want to make sure the process of making changes to an account as straightforward as possible. If you want to keep the service active, you can ask us to transfer the service into another person's name. Or, if the service is no longer required, you can ask us to stop providing broadband.

Next steps:

You can either call us to notify us of a Bereavement - contact Customer Care on 01392 345600

Or if you prefer you can:

- Complete the form below, save it to your computer and return to us with a copy of the death certificate
- Send this to us:
  - By Email scan your form, then email each to <u>contactus@jurassic-fibre.com</u>
  - By Post Jurassic Fibre, Milford House, Pynes Hill, Exeter, EX2 5TH

Please only send us copies and not original versions of any documents, as we are not able to return them. We will be in touch when we have received the completed form with everything else you need to know.

## **Bereavement Form**

**Current Account Holder** 

| Full Name                      |   |
|--------------------------------|---|
| House Name/Number              |   |
| Street Name                    |   |
| Town                           |   |
| County                         |   |
| Postcode                       |   |
| Action Required                | Disconnect Service / Transfer to a New Account Holder (delete as appropriate) |
| Death Certificate Number       |   |
| Location of death registration |   |

#### **Jurassic Fibre Existing Account Details**

| Customer Number |  |
|-----------------|--|
|                 |  |

| lome Phone Number |  |
|-------------------|--|
|                   |  |

#### New Account Holder

Complete the section below ONLY if you want your Jurassic service to continue at the same address:

| New Account Holder Title  |  |
|---------------------------|--|
| New Account Holder's Full |  |
| Name                      |  |
| Email Address             |  |
| New Account Holder's      |  |
| Telephone Number          |  |

If you want to give someone else the authority to act on your behalf, please complete the section below:

| Additional contact –<br>relationship to the new<br>account holder |  |
|---|--|
| Additional contact's Full<br>Name                                 |  |
| Email Address   |  |
| Additional Contact's<br>Telephone Number                          |  |

### **Your Details**

I confirm that I **<ENTER NAME>** am able to give permission to request changes to the account and I agree to the disconnection or transfer for the account holder named above.

# Please fill out your name and date into the bow below to confirm you've read, understood, and agree with the above

| Name |  |
|------|--|
| Date |  |