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**We can imagine things are difficult for you at the moment so we want to make sure this process is as easy as possible. Just follow the steps below.**

**What do you need to do?**

* Save your completed form to your computer
* Complete all sections of this form
* Send us your completed form along with your documentation:
	+ **By Email –** Scan your documentation and completed form, then email each to **Bereavement&criticalillness@virginmedia.co.uk**
	+ **By Post –** Virgin Media, PO Box 333, Matrix Court, Swansea, SA7 9BB

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 Disconnect Form**

**Current Account Holder**

Give us a call on **0800 952 2302** if you don’t know this information

|  |  |
| --- | --- |
| **Full name**  |  Click here to enter text. |
| **House name / number**  |  Click here to enter text. |
| **Street name**  |  Click here to enter text. |
| **Town**  |  Click here to enter text. |
| **County**  |  Click here to enter text. |
| **Postcode**  |  Click here to enter text. |
| **Death Certificate number** | Click here to enter text. |
| **Location of death registration**  |  Click here to enter text. |

**Virgin Media Account Details**

|  |  |
| --- | --- |
| **Account number**  |  Click here to enter text. |
| **Landline phone number**  |  Click here to enter text. |

**Mobile Account Details of Current Account Holder**

|  |  |
| --- | --- |
| **Full name**  |  Click here to enter text. |
| **Mobile number(s)**  |  Click here to enter text. |

As part of the disconnection, all mobile numbers mentioned above will be transferred to Pay As You Go.

**Your Details**

I confirm that I **<ENTER NAME>** am able to give permission to the account being disconnected and I agree to the disconnection of the account for the account holder named above. I further agree to return any required Virgin Media equipment if applicable.

|  |  |
| --- | --- |
| **Your relationship to the account holder**  |  Click here to enter text. |
| **Your Full name**  |  Click here to enter text. |
| **Forwarding address** |   Click here to enter text. |

|  |  |
| --- | --- |
| **Would you prefer us to contact you via email or phone for anything relating to this disconnect?**  | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Contact number** | Click here to enter text. |
| **What’s the best time to call you?** | Click here to enter text. |

**Please fill out your name and date into the box below to confirm you’ve read, understood and agree with the above**

|  |  |
| --- | --- |
| **Name**  | Click here to enter text. |
| **Date**  | Click here to enter text. |