

CHILLED WATER ACCOUNT CLOSURE FORM

[Required for Move-outs (Tenant)]

PLEASE COMPLETE THE FORM IN ENGLISH

CHILLED WATER ACCOUNT CLOSURE PROCESS

Outstanding Chilled Water Balance: customers should pay all outstanding Chilled Water balances before submitting the Chilled Water Account Closure form. You can access your statement of account online via <https://utilities.orionteki.com> and pay via **QuickPay** or one of the options set out in **SECTION 4**.

No Objection Certificate (NOC) for Chilled Water Account Closure: if the Chilled Water account is paid up to date and your Security Deposit is deemed sufficient to cover the Final Bill outstanding balance, OrionTek will issue you with a **No Objection Certificate (NOC)** to your registered email address within 2 working days of receipt of this document.

- If the Security Deposit is not sufficient to cover the Final Bill, the Chilled Water outstanding balance should be paid via the options set out in **(SECTION 4)** of this form in order for the **No Objection Certificate (NOC)** to be issued.
- If there is no Security Deposit on account, customers must clear the total Chilled Water balance outstanding and pay an amount equal to the previous months Chilled Water consumption invoice issued before a **No Objection Certificate (NOC)** can be issued.

Final Bill Account Closure Confirmation: based on the final meter reading your Final Bill will be issued to your registered email address within 2 working days **after** your Move-Out date. The Final Bill will be deducted from your security deposit and the balance will be refunded to you by Bank transfer.

Security Deposit Refund: (if any) will be refunded to you within **15 working days** after the Move-Out date via Bank Transfer, less any outstanding Chilled Water Charges. **(SECTION 2)**

SECTION 1 : CUSTOMER DETAILS

Planned Move-Out Date (DD-MM-YY)			
Customer Name			
Community Name		Unit Number	
Customer Number (available on chilled water invoice)		Mobile Number	
Email Address		Landline No.	
Final Bill Request for	<input type="checkbox"/> Closure of Account		
	<input type="checkbox"/> Transfer to New Unit in Building		
	<input type="checkbox"/> Other (please specify)		

SECTION 2 : SECURITY DEPOSIT REFUND AUTHORISATION

The undersigned, hereby authorise Three Sixty Energy LLC to transfer my refund to the following bank account:

Customer Bank Details	Beneficiary Name	NOTE: PLEASE ENSURE THAT THE NAME MATCHES THE BANK ACCOUNT HOLDERS NAME THAT THE PAYMENT WILL BE PROCESSED TO.
	Account Number	
	IBAN	
	Bank Name	
	Branch Address	
	Swift Code	

NOTES: Bank charges imposed by the bank and any applicable taxes shall be borne by the customer. International bank transfers will be processed in **USD** only.

If the Security Deposit refund is to be refunded to someone other than the person who paid the Deposit, we will require an Authorisation Letter from the person who paid the Deposit approving the refund to the nominated representative of the individual / company. A copy of the nominated representative Passport and / or Emirates ID should be provided with this application.

SECTION 3 : CUSTOMER SIGNATURE

Customer Name	Customer Signature	Date

SUBMIT YOUR COMPLETED FORM WITH ALL REQUIRED DOCUMENTS TO wecare@orionteki.com

SECTION 4 : HOW TO PAY - OUTSTANDING CHILLED WATER CHARGES
1. QUICKPAY

Access **QuickPay** online pay using Visa or MasterCard credit / debit by visiting <https://quickpay.orionteki.com> or scan the QR code below – all you need to access **QuickPay** is your email ID or mobile number.


Scan & Pay
2. DIRECT BANK TRANSFER (AED ONLY)

Account Name	ORIONTEK - SCALA TOWER
Bank Name	First Abu Dhabi Bank PJSC
Branch	Khubairah Branch
IBAN	AE590277771001977443049
Account Number	7771001977443049
Swift Code	NBADAEEA

Reference your Unit Number & Customer Number on the bank transfer

3. ONLINE PORTAL

Access your online account and pay using Visa or MasterCard credit / debit card (if applicable to your building) via the following link:

www.utilities.orionteki.com

FOR ORIONTEK OFFICE USE ONLY
Complete Customer Details Obtained:
 Yes No

Comments:
REQUEST RECEIVED BY
APPROVED BY
Name
Name
Signature
Signature
Date
Date

For enquiries, please call the 24/7 Contact Center: 800 67466835 (ORIONTEK)

International +971 2 403 6944 or Email : WECARE@ORIONTEKI.COM