

## **TERMINATION FORM**

Complete this form and return by registered mail or via PEC to <a href="recessi@aruba.pec.it">recessi@aruba.pec.it</a> only if you wish to terminate the contract. Termination requests can also be submitted by opening a support ticket on <a href="mailto:assistenzaclienti.aruba.it">assistenzaclienti.aruba.it</a>.

Please note that this request implies the cancellation of the service and deletion of its content.

If any of the required details are missing, the request may not be accepted.

Recipient:

Aruba S.p.A.

via San Clemente 53 24036 Ponte San Pietro (BG)

The undersigned		
Tax code		
Telephone	email	
	The following <b>MUST BE fill</b> ollowing <b>MUST BE fillo</b> legal entity/ freelance profes	
In their role as:		
☐ Legal representative of		
with VAT Number/Tax ID	number	
Receiver, liquidator, insol	vency administrator or provide any othe	er office held on behalf of:
with VAT Number/Tax ID		
Self-employed person		
	Requests (tick the a	ppropriate box)
☐ A – to withdraw immedia	tely from the contract (before the dead	line);
$\Box$ B – to cancel on the expir	<b>y</b> of the contract.	
For the following services		
Order number	placed on <sup>*</sup>	received on <sup>*</sup>
		(*select only one field between order or receipt date available)
Place	Date Signatu	re (stamp)
		(only if this form is submitted in hardcopy)



Additional information (complete fields only for the services	you want to terminate):
SPID service	
User	
PEC service PEC Certified Email mailbox to be terminated:	
Certification services Digital Signature certificate no.	authentication certificate no
Aruba Fiber Indicate whether:	
$\hfill \square$ ACTIVE LINE - if Voice service is included, termination will r	result in this service being discontinued.
Line identification code:	ordered on/received on
☐ LINE IN PROCESS OF ACTIVATION  Order number:  The cost of deactivation of the service will be charged as set	out at <a href="https://fibra.aruba.it/trasparenza-tariffaria.aspx">https://fibra.aruba.it/trasparenza-tariffaria.aspx</a> . In the case of
transfer of an active line, termination will not result in the aut	
particular, if the voice service is included:	- · · · · · · · · · · · · · · · · · · ·
If termination has been requested as shown above ticking the I the sum corresponding to fees for services used up to the effe	etter A), the applicant confirms to be aware of Aruba's right to withhold ctive date of termination, in addition to any deactivation cost.
I request that any	refund, if eligble, be paid by
$\Box$ the same method of payment used, either <b>credit card</b> or <b>P</b>	ayPal;
□ <b>bank transfer</b> to the account in the name of	
IBAN	
Place Date S	ignature (stamp)(only if this form is submitted in hardcopy)

## Attached:

• copy of both sides of the applicant's ID document.

If the applicant is the receiver/liquidator/insolvency administrator/other

- deed of appointment;
- company registration certificate of the legal holder of the service (issued within the last 6 months).

Aruba reserves the right to request further documentation.