

# VOFFICE.CO.ID DEPARTURE FORM



We appreciate you taking time to give us some feedback.  
Please complete this form in black ink. One account per form only.

## ACCOUNT DETAILS

Company Name:

First Name:  Surname:

Current phone:  Email:

Are you satisfied with the services that we provide? (Yes) 5 4 3 2 1 (No) (Please circle one)

Which services satisfy you the most?

Which services need improvement?

Would you like to recommend vOffice.co.id to your friends? YES / NO

If your circumstances changed, would you like to rejoin our services? YES / NO

## What is the reason for leaving vOffice.co.id? Tick as appropriate.

No longer required

Move to own office

Bad service

Others, please state: .....

.....

.....

Please terminate my account, with effect from

*I understand that my mails / parcels will be kept for a further 14 days after this date and will be disposed off and any assigned telephone / fax numbers may be re-assigned 24 hours after the effective date.*

Signature: \_\_\_\_\_

Date:

### Company use only

Date processed:

Final billing date:

Name of staff: \_\_\_\_\_

Position of staff: \_\_\_\_\_

Staff signature: \_\_\_\_\_

### Verification / Approval Section

Date processed:

Name / Signature: \_\_\_\_\_

Remark: \_\_\_\_\_