



Inmarsat Deactivation Form

The subscriber mentioned below has requested that your company terminate the below mentioned terminal serial number.

Terminate subscription (section 6)

Service Provider:

Service Provider Name _____

Subscriber Information (New or Existing):

Subscriber Name _____

Subscriber Address _____

City/Provence _____ State _____ Postal/Zip _____ Country _____

Phone # _____ Fax # _____

Vessel Name _____ Country Where Vessel is Registered _____

Subscriber Invoice Address: (check here if same as above)

If different from above:

Subscriber Name _____

Subscriber Address _____

City/Provence _____ State _____ Postal/Zip _____ Country _____

Activation Details:

Terminal Serial Number (ISN)

7	6	K	V									
---	---	---	---	--	--	--	--	--	--	--	--	--

Notes:

Customer:

Requested alteration date: <input type="checkbox"/> Immediately <input type="checkbox"/> month / day / year	Name:	Signature:
	Date:	