# FORM FOR THE REQUEST
# FOR CANCELLATION OF A PEC MAILBOX

With this form, a request is made for the cancellation of the following certified email (PEC) mailbox, to be carried out on: _____

| | |
|---|---|
| PEC email | |

Applicant details (Holder of the mailbox):

| | |
|---|---|
| Name and surname | |
| Company name | |
| Full address | |
| Holder's Tax Code | |
| VAT number | |

| | |
|---|---|
| Email for any communications | |

This request may be sent by fax to **030.72.80.111,** by certified email (PEC to PEC) to **servizio.commerciale@pec.intred.it** or by registered letter with return receipt to the following address: **INTRED S.p.A. Via P. Tamburini 1 – 25136 Brescia (BS).**

**Attach a photocopy of a valid identity document**.

Date _____ Signature of the Holder

_____

*This document is an English translation of the original Italian document and is provided for ease of reference. The translation may contain errors, omissions or inaccuracies. In the event of any discrepancy or inconsistency between this translation and the Italian original, the Italian original shall prevail to the extent permitted by applicable law.*