

Company / Name: _____
Identity card / Company registration number: _____
Address (where service is required): _____
Billing Address: _____
Daytime contact name: _____ Number: _____

Telephone Directory Entry

Do you require your entry to be: PUBLISHABLE or CONFIDENTIAL (delete as applicable)
Surname / Business Name: _____ Initials: _____
Address: _____

Application for Telephone Service

Telephone number on which service is required: _____
Describe works required: _____

Friends and Family

On residential lines you may specify 2 fixed line & 2 mobile numbers to receive a 20% discount on calls.

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Application for Change or Addition of Name

I/we hereby notify that telephone number/s: _____ Account number: _____
be transferred to **my/our** name: _____

I/we agree to the change of name and make **myself/ourselves** responsible for any outstanding accounts due from this telephone number / account.

'I/we the undersigned confirm that the information provided in this application form is accurate and hereby expressly and irrevocably undertake to adhere to the general Terms and Conditions overleaf in respect of telephone services from time to time amended, substituted or supplemented, without notice, by Gibtelecom its successors or assigns.'

| | |
|------------------------------|------------------------------|
| Authorised signature 1 _____ | Authorised signature 2 _____ |
| Name in block capitals _____ | Name in block capitals _____ |
| Identity Card No _____ | Identity Card No _____ |
| Date _____ | Date _____ |

*Please note that calls may be recorded for quality or monitoring purposes.

FOR OFFICE USE ONLY

Account no: _____ Service Order: _____ CSC Agent: _____
