

To: Customer Care Centre Sure South Atlantic Ltd PO Box 2 Jamestown St Helena Island Tel: +290 22900; Fax +290 22094 Email: service@sure.co.sh

## **CHANGE OF ACCOUNT APPLICATION FORM**

Please complete the blank fields

Application No:	Advice Note: Date:
No.	No.
Full Name or Company Title of Applicant	
Nature of Business or Occupation of Applicant	
Address of Applicant	
Address where service required	
Telephone Number	Account Number
Customer Service Class	Gov Bus Res Dual
Service Date	
Details of Service Required:	
Transfer account from:	
I	
to:	
Change Directory listing from:	
to:	
Services transferring: Telephone Int	ternet Television
Authorised Signatory Date	Authorised Signatory Date
	d Conditions for all services appended to this account
ACCEPTED ON BEHALF OF SURE SOUTH ATLANTIC LIMITED	
Sig. RM&CS Manager Sig. Accountant	Sig. RM&CS Rep.
Sig. Nivides Manager Sig. Accountant	Sig. Mildes hep.

CREDIT CONTROL CHECK SHEET		
RESIDENCY	Permanent	
	Non-Permanent	
'DEBTORS' LIST		Yes
		No
PERMANENTLY EMPLOYED		Yes
		No
IN RECEIPT OF BENEFITS		Yes
		No
BUSINESS ESTABLISHED FOR		Yes
MORE THAN 12 MONTHS		No
SERVICE REQUIRED	IDD & Local	
	Local Only	
	Television	
	Broadband	
	Mobile	
ECOMMENDATION (office use	only)	
Sig. RM&CS Manager	Date	
APPROVAL		