



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

MOBILE APPLICATION FORM

Please complete the blank fields

Application No:	Advice Note No:	Date:
Full Name or Company Title of Applicant		
Address of Applicant		
Nature of Business or Occupation of Applicant		
Customer Service Class	Gov <input type="checkbox"/> Bus <input type="checkbox"/> Res <input type="checkbox"/>	
Service Date		
SIM Security check:		
The name of your pet	<input style="width: 100%;" type="text"/>	
Your Mothers maiden name	<input style="width: 100%;" type="text"/>	
Your Mothers first name	<input style="width: 100%;" type="text"/>	
Your Mothers date of birth	<input style="width: 100%;" type="text"/>	
Your date of birth	<input style="width: 100%;" type="text"/>	
Details of Service Required:		
Pay As You Go	Pay as you go <input type="checkbox"/>	
Pay Monthly	Sure 25 <input type="checkbox"/> Sure 100 <input type="checkbox"/> Sure 200 <input type="checkbox"/> Sure 400 <input type="checkbox"/>	
Would you like your Pay Monthly number to be Ex-Directory	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>Note: Pay Monthly packages are for 1 month minimum term contract. The Customer may cease the contract at any time by giving not less than 7 days' written advance notice of termination before the end of any calendar month.</small>		
Billing Information:		
Pay Monthly will be billed to existing Sure account number:-		
SIM Number	8929000	
Mobile Number		
IMSI Number	6580107000	
Contact Details:		
Name		
Telephone number		
Email Address		
Other Details:		
Short Term Customer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cease Date <input style="width: 100%;" type="text"/>
Deposit Paid	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>I AGREE TO THE GENERAL TERMS AND CONDITIONS OF THE MOBILE SERVICE AGREEMENT</small>		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Authorised Signatory/ Printed Name		Date
ACCEPTED ON BEHALF OF SURE SOUTH ATLANTIC LIMITED		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sig. RM&CS Manager	Sig. Accountant	Sig. RM&CS Rep.

Please address any queries to Customer Services, Bishops Rooms on Tel +290 22900, fax +290 22094 or email service@sure.co.sh