



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

BROADBAND APPLICATION FORM

A helpdesk for configuration and support is available on telephone 24000

Application No:	Advice No:	Date:
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FULL NAME OR COMPANY TITLE OF APPLICANT

ADDRESS OF APPLICANT

NATURE OF BUSINESS OR OCCUPATION OF APPLICANT

ACCOUNT NUMBER	TELEPHONE NUMBER

CUSTOMER SERVICE CLASS

GOV	<input type="checkbox"/>	BUS	<input type="checkbox"/>	RES	<input type="checkbox"/>	DUAL	<input type="checkbox"/>
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PLAN REQUIRED

ENTRY/SOCIAL TARIFF	<input type="checkbox"/>	S	<input type="checkbox"/>	M	<input type="checkbox"/>	L	<input type="checkbox"/>	L+	<input type="checkbox"/>
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SERVICE DATE

Example: X3i6G2 (combination of alpha-numeric characters)

I.D:	<input style="width: 100%;" type="text"/>	
Password:	<input style="width: 100%;" type="password"/>	EX-DIR
Email Address:	<input style="width: 100%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Example: candw.bureau@helanta.co.sh

ADDITIONAL WEBMAIL ACCOUNTS

Email Address	Password
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="password"/>
Email Address	Password
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="password"/>
Email Address	Password
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="password"/>
Email Address	Password
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="password"/>

MODEM TYPE

DUAL	<input type="checkbox"/>	USB PORT	<input type="checkbox"/>	ETHERNET PORT	<input type="checkbox"/>	ETHERNET	<input type="checkbox"/>	WI-FI	<input type="checkbox"/>
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NUMBER OF FILTERS REQUIRED **NUMBER OF COMPUTERS**

OTHER DETAILS

Short Term Customer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cease Date	<input style="width: 150px;" type="text"/>
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BILLING INFORMATION

Please indicate the e-mail address you would like your Monthly Invoices emailed to:

Aftercare contact email address:

<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. Finance Manager	Sig. RM&CS Rep.

I HAVE READ AND AGREED TO THE BROADBAND GENERAL TERMS AND CONDITIONS