



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

MESSAGE SERVICE APPLICATION FORM

Please complete the blank fields

Application No: No.	Advice Note: No.	Date:
Full Name or Company Title of Applicant		
Nature of Business or Occupation of Applicant		
Address of Applicant		
Address where service required		
Telephone Number <input style="width: 150px; height: 20px;" type="text"/>	Account Number <input style="width: 150px; height: 20px;" type="text"/>	
Customer Service Class	Gov <input type="checkbox"/> Bus <input type="checkbox"/> Res <input type="checkbox"/> Dual <input type="checkbox"/>	
Service Date	<input style="width: 150px; height: 20px;" type="text"/>	
Details of Service Required <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 20px;">New Service</div> <input style="width: 80px; height: 20px;" type="text"/> </div> <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 20px;">Change of Security Code</div> <input style="width: 80px; height: 20px;" type="text"/> </div> <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 20px;">Other (Specify)</div> <input style="width: 80px; height: 20px;" type="text"/> </div>		
Other Details		
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	
Authorised Signatory	Date	
<small>ACCEPTED ON BEHALF OF SURE SOUTH ATLANTIC LIMITED</small>		
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<small>Sig. RM&CS Manager</small>	<small>Sig. Accountant</small>	<small>Sig. RM&CS Rep.</small>

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