



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

TELEPHONE APPLICATION FORM

Please complete the blank fields

Application 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		
Directory Information Would you like your telephone number listed in our Directory? If 'Yes' what would you like your listing to be?	<input type="text" value="Yes"/> <input type="text" value="No"/>	
Customer Service Class	Gov <input type="checkbox"/> Bus <input type="checkbox"/> Res <input type="checkbox"/> Dual <input type="checkbox"/>	
Service Date <input type="text"/>	If service previously existed at this address please state the telephone number <input type="text"/>	
Details of Service Required:		
New Service <input type="text"/>	IDD Barr Line <input type="text"/>	
Reconnection <input type="text"/>	Outgoing Call Barr Line <input type="text"/>	
Extension(s) <input type="text"/>	TOS Line <input type="text"/>	
Trunking <input type="text"/>	Basic Handset <input type="text"/>	
Contact Details:		
Name <input type="text"/>		
Telephone number <input type="text"/>		
Email Address <input type="text"/>		
Other Details:		
Short Term Customer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cease Date <input type="text"/>
Office Use Only:		
Account Number <input type="text"/>	Telephone Number <input type="text"/>	
I AGREE TO THE GENERAL TERMS AND CONDITIONS OF THE TELEPHONE SERVICE AGREEMENT AND UNDERTAKE TO BE BOUND BY THEM		
<input type="text"/>	<input type="text"/>	
Authorised Signatory	Date	
ACCEPTED ON BEHALF OF SURE SOUTH ATLANTIC LIMITED		
<input type="text"/>	<input type="text"/>	<input 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