

APPLICATION FOR TELEPHONE SERVICE

If you wish to have the charges relating to this service debited to an existing telephone account , insert account number

FOR TEL-ONE USE ONLY

Existing Account Number

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Ref			
Ack:		CR Control	
Zone (Exch Area)		Tel No	
A.N.No		TA 161	

PART A : SERVICE APPLIED FOR (TICK item applicable)

SERVICE	Tick	No of Lines	Give additional details here
*New exchange line /Party line.			
Additional exchange line (s)			
Internal extension			
External extension			
*delete inapplicable			

PART B: To be completed in all cases. PLEASE TYPE OR PRINT IN BLOCK CAPITALS

1.	<p>REGISTERED COMPANIES ONLY (ALSO COMPLETE PART F) Company name and registration number</p> <p>-----</p> <p>(1) Name of Director (in full)</p> <p>-----</p> <p>(2) Name of Director (in full)</p> <p>-----</p> <p>(3) Name of Director (in full)</p> <p>-----</p> <p>Please supply photocopy of certificate of incorporation duly certified by a commissioner of Oaths as being a true copy of the original.</p>	
2.	<p>NON REGISTERED ORGANISATIONS (BUSINESS ,CHURCHES ,CHARITABLE INSTITUTIONS ,CLUBS ETC Also complete PART F Name</p> <p>-----</p> <p>Name of official ,Owner ,Director etc (in full)</p> <p>-----</p> <p>Position in the Organisation (Proof to be provided) (Owner of trading Company or Business-to complete PART E)</p>	
3.	<p>NATURE OF BUSINESS</p>	Tick
4.	<p>BUSINESS ADDRESS (POSTAL) (in full)</p>	Tick if account is to be addressed here
5.	<p>GOVERNMENT MINISTRIES/DEPARTMENTS,PARASTATALS,LOCAL AUTHORITIES</p>	

6.	INDIVIDUALS Surname MR ,MRS MISS (also complete (PART E & First Names (in full) PART F) National Registration No. Or Passport No.		
7.	RESIDENTIAL ADDRESS (IN FULL).....		Tick if account isto be addressed here <input type="checkbox"/>
8.	Address at which apparatus is to be installed: Street Address..... Stand /Plot/Farm No.....		
9.	<u>DATE SERVICE REQUIRED</u>	10.	CONTACT TELEPHONE No..... OR ADDRESS.....
11.	State the exact position on the premises where you would like the apparatus installed.....		
12.	If your premises are not readily accessible , state what arrangements will be made to allow TEL-ONE Engineering staff access for the purpose of installing apparatus		
13.	Do the premises have *(delete inapplicable) Plaster ceiling *YES/NO Thatched roof *YES/NO		
14.	If a telecommunication service is already installed where service is now required ,state telephone or telex number:		
15.	If you have previously rented a telecommunications service please give : Telephone/Data number..... Exchange Area..... Date of relinquishment of service.....		
16.	If you have applied for a service in this ,or any other area, state exchange area and date of application:		
PART C RURAL APPLICANTS ONLY If service exist where service is now required, ignore items 17 to 21 ,but sign Agreement portion at item 22.			
17.	Name of farm.....	18.	Map Number.....
19.	Grid Reference	20.	Homestead Identification number.....
21.	Attach a tracing showing the homestead and access road to it.		

22.	<p>AGREEMENT I accept that when this service is provided I will have no objection to the necessary tree or bush cutting being undertaken on the line of the telephone route and that future bush cutting will take place ,when necessary to keep the telephone line well clear of new growth.</p> <p>.....</p> <p style="text-align: center;">Signature of Applicant Dates Date</p>
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N .B Reference Paragraph 17-If relevant map is not available to you or in the case of queries please consult your local Sales Office or TEL-ONE Technician in charge of your area for assistance.

PART D Where possible form to be handed into your local Service and Sales Office in person by company representatives ,or individual applying for service

AGREEMENT : To be signed in all cases

I/We (full names).....
Hereby apply for the Telephone Services ,Particulars of which are described above .When service is provided .I/We hereby to be bound by the Provisions of the Posts and Telecommunications Service Act and By –laws there under (both, as may be amended from time to time) in so far as they relate to such service .Further I/We undertake and accept that should I /We default payments of accounts, all costs and charges incurred by TEL-ONE for the recovery /collection of outstanding debts will become my /our responsibility. I/We undertake that notice is required for the termination of service.

.....
Date

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Signature (s) of Applicants.

Witnesses (1)
(2)

