



SERVICE APPLICATION FORM

16227

CUSTOMER DETAILS

Customer Name

Physical Address Plot No. House No. Street Name

Postal Address City/Town Province

E-mail Address Tel/Fax

SERVICE DETAILS

Service Required

Fixed Line Fixed Broadband Leased Data Service

Specify

Sketch Map of Customers Premises (In case site survey is required)

TECHNICAL DETAILS

1. Exchange Side (E-SIDE)

MDF Bar: _____ MDF Pair(s): _____ Cabinet No: _____ Exchange Side (Cabinet): _____

2. Distribution Side (D-SIDE)

Distribution Side (Cabinet): _____ Distribution Point (DP)No.: _____ DP Pair No: _____

Feed back from Technician: _____

Is it feasible to provide service? Yes No

Name of Technician Signature Date

Customer Name Signature Date