

PLEASE FILL IN BLOCK LETTERS

1- CONTRACT HOLDER

COMPANY : _____

BNR : _____ VAT : _____

ADDRESS : _____

CITY : _____

PHONE : _____

2- CONTACT PERSON

FIRST NAME : Mr / Mrs / Miss _____

LAST NAME : _____

JOB TITLE : _____

PHONE : _____ MOBILE : _____

FAX : _____ CONTACT LANGUAGE : ENGLISH
 FRENCH

EMAIL : _____

3- SUBSCRIPTION LINES

OVERALL CREDIT LIMIT* : Rs _____

*FOR MORE THAN Rs 5000, REQUEST FOR VALIDATION OF MANAGEMENT IS REQUIRED

PHONE NUMBER	TYPE OF LINE	CREDIT LIMIT PER LINE
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	
	STANDARD / FIXED / MOBILE	

<p>I THE UNDERSIGNED Mr / Mrs / Miss AS HEREBY DECLARE READ AND TAKEN COGNIZANCE AND ACCEPTED ALL CONDITIONS OF THE GENERAL TERMS & CONDITIONS OF SERVICE</p> <p>AT : DATE : _____ READ AND APPROVED</p> <p>CLIENT SIGNATURE</p>	<p>COMPANY SEAL</p>
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I THE UNDERSIGNED Mr / Mrs / Miss
 HOLDER THE LINE(S) NUMBER
 HEREBY AUTHORIZE EGALLYS LTD TO CARRY OUT IN MY OWN PERSONAL NAME, ALL NECESSARY STEPS TO PRESELECT MY TELEPHONE LINE THROUGH THE EGALLYS
 TELECOMMUNICATION NETWORK FOR MY ILD CALLS (ICTA art. 7 31/12/04). AT ANY TIME, I MAY CANCEL THIS REQUEST BY CONTACTING DIRECTLY MY OPERATOR. I
 UNDERSTAND THAT I WILL STILL BE ABLE TO USE ALL THE OTHERS ILD PRESELECTIONS INCLUDING THAT OF MY OPERATOR.

AT :
 DATE : _____ READ AND APPROVED

CLIENT SIGNATURE