

Sales Office/ Telecare Center: .....  
 P.O. Box: ..... Postal Code .....  
 Town: ..... Tel. No. .... Date: .....



TS 224

Reference No. [ ]

**Service Application Form (Telephony)**

**1. Particulars of Applicant (Full Names in Block Letters)**

Last NAME: .....  
 First Name: .....  
 Middle Name: .....  
 Nationality: .....  
 ID/PP No: .....  
 Occupation: .....  
 PIN No.: .....  
 P.O. Box: ..... Postal Code ..... Town: .....  
 Contact Tel No(s): .....  
 Email: ..... Website: .....

**2. Corporate/Business/Government Applicant (particulars in Block letters)**

Company/Ministry/Department Name: .....  
 VAT No: ..... PIN No: .....  
 Incorporation/Registration Cert. No. ....  
 P.O. Box: ..... postal Code ..... Town: .....  
 Contact Tel No(s): .....  
 Email: ..... Website: .....

**2.1. Particulars of Director/Partner/Accounting Officer**

Last Name: .....  
 First Name: .....  
 Middle Name: .....  
 Nationality: .....  
 ID No. .... PP No. ....  
 Contact Tel. No. ....

**3. Particulars of Service Location**

District: ..... City/Town: .....  
 Location: ..... Estate/Village: .....  
 Street: ..... Plot No: .....  
 Bldg Name: ..... House no: .....  
 Floor No: ..... Room No: .....  
 Nearest Tel No: .....  
 Other Location Details: .....

**4. Type of Service (tick as required)**

Service Mode: Prepaid  YES  NO   
 Postpaid  ISD

**TELEPHONY, IN AND DIALPLUS SERVICES:**

Direct Line (ELC) <input type="checkbox"/>	FPH <input type="checkbox"/>	Call Barring <input type="checkbox"/>
ISDN-BRA/ <input type="checkbox"/>	VPN <input type="checkbox"/>	Three Party Conference <input type="checkbox"/>
ISDN-PRA <input type="checkbox"/>	UPT <input type="checkbox"/>	Fixed Destination call <input type="checkbox"/>
WLL-Voice <input type="checkbox"/>	ISD <input type="checkbox"/>	Alarm Service <input type="checkbox"/>
WLL-Voice <input type="checkbox"/>	PRM <input type="checkbox"/>	Call Waiting <input type="checkbox"/>
WLL-Voice+Data <input type="checkbox"/>		Abbreviated Dialing <input type="checkbox"/>
Tie Line <input type="checkbox"/>	No. of Lines <input type="checkbox"/>	Call Forwarding <input type="checkbox"/>

OTHER SERVICES (Please State) .....

**5. Service Order Change (tick as required)**

Circuit No. ....  
 Change of: Owner  Postal Address  Number  Location   
 Other: .....

I certify that the information given in this form is correct to the best of my knowledge.

Customer's Signature ..... Date .....

Rubber stamp .....

**6. INTERNAL USE ONLY**

Sales Officers Name ..... PF No ..... Date .....

**Survey**

Surveyors Name: ..... PF No: ..... Date .....

DP Particulars	Main Station	EXTN. STN. A	EXTN. STN. B
MDF Bar and Pair No.			
DP Name or No.			
DP Pair			
MC Code and Pair			
Cabinet No.			
Cabinet 'E' Side			
Cabinet 'D' Side			
Pillar No.			
Pillar 'E' Side			
Pillar 'D' Side			
System			
Junction			

**Installation**

Exchange Name: .....

Tel Number: .....

Customer Segment No: .....

Account /Composite Number: .....

	Amount (KShs)	Receipt No:	Date:
Deposit Fee			
Installation Fee:			
Misc Fee			

Office of Payment: .....

Monthly Access Fee: .....

AN Number: .....

AN Date: .....

Services Type: Provision  X/R  Cessation

**Cease Details:**

Reason For Cease:	Non Payment <input type="checkbox"/>	Customer Request <input type="checkbox"/>	Service Reasons <input type="checkbox"/>	Cease Date
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Work Req: .....

Meter Reading Initial/ Final	
Name of Meter Reader	Name of Fitter
PF No:	PF No:
Date of Reading:	Date of Completion:

**Dispatch To IT Department:**

Name: ..... PF No: ..... Date .....

**Acknowledgement by IT to Sales.**

Name: ..... PF No: ..... Date .....

**FOR ACOMPANY PLS ATTACH—( 1 ) CO PIN CARD COPY. ( 2 ) - CO. REG. CERTIFICATE. ( 3 )-DIRECTOR -ID ( 4 )-VAT CERTIFICATE NB. BRING ORIGINAL FOR CERTIFICATION**