



APPLICATION FORM

Please use this form when applying for any of APUA Telecoms services or for transfer of service from one location to another. Applicant must be the owner of the telephone landline on which internet service will be established or the owner must accompany the applicant and provide the required details as outlined in the application form or must procure evidence of permission from the owner with supporting documentation.

Customer Details *(please print)*

Name: _____ D.O.B: ____ / ____ / ____ Sex: _____

Company Name: _____

Official ID#: _____ Company Tax ID#: _____

Name of telephone Account if different from applicant: _____

Telephone Number: _____

Service Address: _____

Applicant's Contact Numbers: Work: _____ Home: _____ Mobile: _____

Email Address: _____

Billing Address (if different from Service Address): _____

Employer Name & Address: _____

Employer Contact Numbers: _____

Service Requested

Telephone Internet Mobile

Service Details

	Telephone	Internet <input type="checkbox"/> ADSL <input type="checkbox"/> Fibre	Mobile
• Type of request:	<input type="checkbox"/> New Service <input type="checkbox"/> Transfer <input type="checkbox"/> Service Reinstall <input type="checkbox"/> Temp. Disconnection <input type="checkbox"/> Perm. Disconnection <input type="checkbox"/> Charge to account	<input type="checkbox"/> New Service <input type="checkbox"/> Transfer <input type="checkbox"/> Service Reinstall <input type="checkbox"/> Temp. Disconnection <input type="checkbox"/> Perm. Disconnection <input type="checkbox"/> Charge to account	<input type="checkbox"/> Prepaid <input type="checkbox"/> Postpaid <input type="checkbox"/> Replacement Sim <input type="checkbox"/> Reactivation <input type="checkbox"/> Perm. Disconnection
• Lifetime:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
• Service Class:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Personal <input type="checkbox"/> Corporate
• Term Contract:	<input type="checkbox"/> None <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months	<input type="checkbox"/> None <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months	<input type="checkbox"/> None <input type="checkbox"/> 24 months

• Service Plan Required: _____

• Referred By: _____

• Comments: _____

DECLARATION

I/We the undersigned applying for the above mentioned service offered by APUA have read and understood the terms and conditions of the service and agree to comply. I/We agree to settle the account promptly on a monthly basis and acknowledge that my/our account can be suspended at any time if these bills remain unsettled after 60 days. I/We also understand my/our landline account must remain current to guarantee continuous internet service. I/We authorize you to contact those above on the accompanying Credit Control Check form for references. APUA inet reserves the right to alter the aforementioned terms and conditions instituted to effectively govern the internet network without prior consultation with the customer.

**All monthly charges for inet are subject to an additional 15% ABST.*

Applicants Signature(s) & Company Stamp (if applicable)

Date

Owner's Signature

Agent Signature

Date

**APUA Telecoms Terms and Conditions apply. Please see our website for further details.

Please Turn 

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Phone Details

Mobile Service #: _____
Sim Card#: _____
Phone Model: _____
IMEI: _____
PIN: _____
PUK: _____

Modem Details

Serial #: _____
MAC #: _____
FSAN #: _____
Model: _____

Inside of the Box

- Modem
- Filter (1)
- Splitter (1)
- Network Cable
- DSL Cable
- Power Adapter

PROPERTY LOCATING SECTION

This section is required to accurately locate your premises.

What is the number of phone or the terminal closest to the service location? _____
Is it in the same building? Yes No
If not, is it within 5 poles? Yes No
If not, then please sketch a map of your area pointing out your property as well as permanent landmarks such as churches, schools or shops. *Attach a separate sheet if necessary.*

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Received: _____
Approved: Yes No
Survey - Sent Out: _____
Fault Priority: _____
Wait Listed: Yes No
Comments:

SO Number: _____
Number: _____
Returned: _____
Extr Area: _____
WI Number: _____
