

ORDER FORM for telephone service(s)

Note: For subscription by a Firm/Company, this application should be made by an authorized officer of the Firm/Company.

Residential Business



For Personal & Company	
Name of Applicant/Company * <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> DR	
Surname/Company	
Other name Business Reg No.	
Are you a citizen of Mauritius? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ID no. / (or Others) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Installation Address: <input type="checkbox"/> Installation office Hrs <input type="checkbox"/> Installation after office Hrs	
Street	
Town Any Add. Info	
Billing Address (if different from installation address)	
Street	
Town	
Contact Person:	Contact No.
Name	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Name	Fix <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Miscellaneous Works	
<input type="checkbox"/> Additional Extension(s) - Qty.....	<input type="checkbox"/> Renew of Internal wiring
<input type="checkbox"/> Shift telephone installation from one room / office to another	
<input type="checkbox"/> Rerouting of dropwire	
<input type="checkbox"/> Connect fax machine - make & model	
<input type="checkbox"/> Others	
Modification of Service (s)	
<input type="checkbox"/> Change of billing address	<input type="checkbox"/> Transfer of telephone Line Existing tel No.
<input type="checkbox"/> Others	<input type="checkbox"/> Takeover of telephone Line Existing tel No.
Termination of Service	
<input type="checkbox"/> Termination of Telephone Service	Tel No (s) : Effective Date :
Reason for termination :	

Type of Services Required Please indicate your requirement(s)	
New Fixed Lines (Please indicate your requirements(s))	Value Added Services for New Line/Existing Tel no.
No. of lines
Special Services:	<input type="checkbox"/> Follow me
<input type="checkbox"/> Change your telephone number	<input type="checkbox"/> Call waiting
<input type="checkbox"/> Choose a special number	<input type="checkbox"/> Phone lock
<input type="checkbox"/> Bar your telephone IDD	<input type="checkbox"/> CLI Presentation
<input type="checkbox"/> Unbar your telephone IDD	<input type="checkbox"/> CLI Restriction
<input type="checkbox"/> Disconnect your line	<input type="checkbox"/> 3Way Conference
<input type="checkbox"/> Reconnect your line	Others.....
<input type="checkbox"/> Bar outgoing calls	
<input type="checkbox"/> Bar incoming calls	Installation fee
<input type="checkbox"/> Unbar outgoing calls	<input type="checkbox"/> Rs 2,000 for Residential / Expatriates (VAT exc)
<input type="checkbox"/> Unbar incoming calls	<input type="checkbox"/> Rs 3,000 for Business (VAT exc)
<input type="checkbox"/> Itemised Billing	
Phonebook Entry (Directory)	Security Deposit (mandatory)*
<input type="checkbox"/> Free entry in the MT phonebook	<input type="checkbox"/> Rs 1,000 for Residential
<input type="checkbox"/> Unlisted in the MT phonebook	<input type="checkbox"/> Rs 2,000 for Business
	<input type="checkbox"/> Rs 5,000 for Expatriates
Terms And Conditions	
I/We hereby certify all the above is true and correct. I/We hereby confirm that I/We have read, understood and agreed to be bound by the terms and conditions applicable for this Service.	
<input type="checkbox"/> I hereby give my consent to MT for informing me about its products and services, promotions, loyalty schemes and discount programmes.	
.....
Signature of Application/Authorised Officer & Date	Name & Designation (Application to firm & Company only)
	Company Stamp (If Applicable)
For Official Use Only	
Document Submitted By (Name & ID No.)	
.....	
Document Checked & Verified By (Name of Officer)	
.....	
DEMAND No.....	Date :

Name of applicant : Demand number : Telecom Shop :

Date :