



CABLE & WIRELESS

CUSTOMER ORDER FORM BUSINESS

Family Name: Given Names:

Identity No: /Passport No:

Nationality:

Address:

Business Name:

Billing/ Mailing Address:

E-mail Address: Fax No:

Contact Name:

Contact Number:

Directory Entry: Yes No

Are you an existing customer: Yes No

If yes, state Service Number:

****A refundable deposit or a letter of guarantee may be required prior to connection.***

Declaration

I declare that the information given above is true and accurate in each and every respect.
 I have read and agreed to the Cable and Wireless (Seychelles) Ltd General Terms and Conditions for the provision of telephone services and have accepted them.

Customer Signature: Date: / /

Name:

Occupation:

Type of Business:

OFFICE USE ONLY

Service Order No.:

Account no.:

Date : / /