



ORDER FORM FOR ISDN SERVICE

1. CUSTOMER DETAILS

Service No. (ND) :

Company Name	_____	
Address	_____	
Company Reg. No.	_____	
E-mail address	Phone Number	Fax Number
Ordering Person name	_____	
E-mail address	Phone Number	Fax Number

2. DEMAND TYPE: BRA DUO BRA SOHO BRA Business PRA

Please Tick/Fill as appropriate Tick for Yes, X for No

New Line	Y/N	<input type="checkbox"/>		
Upgrade of existing telephone line(s) to BRA	Y/N	<input type="checkbox"/>	Line No(s)	<input style="width: 150px;" type="text"/>
No. of Lines		<input type="checkbox"/>		
No. of Channels (15, 20, 30)		<input type="checkbox"/>		<i>Note: Applicable to PRA Only</i>
Number of Multiple Subscriber Number		<input type="checkbox"/>		
Bothways.....	Incoming Only.....	Outgoing Only.....		
Amendments within an ISDN Line	Y/N	<input type="checkbox"/>		
Change of Number	Y/N	<input type="checkbox"/>		
Addition of Number to Ex Directory	Y/N	<input type="checkbox"/>		
Removal of Number from Ex directory	Y/N	<input type="checkbox"/>		
Transfer of Service	Y/N	<input type="checkbox"/>		
Additional Extension/S-Bus Required	Y/N	<input type="checkbox"/>		
Termination of Service	Y/N	<input type="checkbox"/>	Date of Termination	<input style="width: 100px;" type="text"/>
Change in PRA Channels:	Y/N	<input type="checkbox"/>	No. of Channels	<input style="width: 100px;" type="text"/>
			Bothways:	<input type="checkbox"/> Y/N
			Incoming Only	<input type="checkbox"/> Y/N
			Outgoing Only:	<input type="checkbox"/> Y/N
Supplementary Services Required	Y/N	<input type="checkbox"/>	Note: Supplementary Services	
Advice of Charge on Subscription	Y/N	<input type="checkbox"/>	are at Rs 20 each	
Advice of Charge at the end of Call	Y/N	<input type="checkbox"/>		
Three Party Service	Y/N	<input type="checkbox"/>		
Call Forwarding	Y/N	<input type="checkbox"/>		
Additional Multiple Subscriber Number for BRA/PRA	Y/N	<input type="checkbox"/>	Note: Pls see tariffs sheet for MSN	
One way Access for BRA	Y/N	<input type="checkbox"/>		
Advice of Charge on Request (1 Unit/Call)	Y/N	<input type="checkbox"/>	Advice of Charge on Request is 1 Unit/Call	
ISDN Numbers to be in Ex Directory	Y/N	<input type="checkbox"/>		

3. BILLING AND CUSTOMER DETAILS

Company Name	_____	
Address	_____	
VAT Number (If applicable)	_____	
Financial Contact Person	_____	
E-mail address	Phone Number	Fax Number
Technical Contact Person	_____	
E-mail address	Phone Number	Fax Number

4. ADDRESS WHERE SERVICE IS TO BE PROVIDED

Address _____

 Contact Person _____
 E-mail address _____ Phone Number _____ Fax Number _____

5. EQUIPMENT SPECIFICATIONS**Equipment to be connected**

Type/Model _____

6. TERMS OF AGREEMENT

Permanent Starting Date _____
 or
 Temporary Starting Date _____
 Ending Date _____

7. SERVICE OPTIONS (Applicable for PRA Only)**Service Level Agreement**

Agreement reference _____
 Agreement Date _____

8. COMMENTS

9. SIGNATURES

The person signing this order form hereby agrees that this application is subject to the Terms and Conditions for ISDN service of Mauritius Telecom. He hereby confirms that he has read, understood and agrees to bind himself and the company he is representing to the said Terms and Conditions. He hereby certifies all the above information is correct.

A copy of the Terms and Conditions is available on our web site at the following URL <http://www.mauritiustelecom.com/downloads/terms/isdn.pdf>

A hard copy of the Terms and Conditions can be provided upon request.

CUSTOMER	MAURITIUS TELECOM
Signed on behalf of :	Signed on behalf of Mauritius Telecom
Name :	Name :
Title :	Title :
Signature :	Signature :
Date :	Date :

10. For Office Use

Demand Number _____
 ND Allocated _____
 NE Allocated _____

EQUIPMENT

Equipment Make/Model to be supplied by MT _____
 Serial Number _____
 Date Processed _____