



Request for Works Application Form

GO plc, Spencer Hill, Marsa, MRS 1950, Malta
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Company Registration Number: C 22334

1. Personal Details

Fields marked with an asterisk (*) are compulsory. If you do not complete these fields, we shall be unable to process your application form in order to provide you with the service that you are requesting.

Name of Registered Subscriber/Company:*

Postal Address:*

Account No.:*

(The Account No. is on the top right hand side of the telephone bill.)

I.D. Card/Passport No.:*

(Please attach copy; state Passport No. only if not in possession of a Maltese I.D. Card.)

Nationality:*

Company/Entity No. (if applicable):*

Contact Tel. No./s:*

Contact e-mail Address: _____

2. Service

I request the following works: _____

on Telephone/Telex No./s: _____

installed at: _____

3. Declaration

I, the undersigned, wish to make a request for works in the manner indicated in this Application Form and agree to pay any relative charges. I also agree that this Application Form and this service are subject to the terms and conditions contained in GO's Conditions for The Telephone Service, a copy of which is available from any of GO's branch offices or from GO's website www.go.com.mt. I hereby agree that I have read and understood these terms and conditions and agree to abide by them.

Applicant's Signature

Date

Authorised Representative's name (in block letters):**

Representative's Signature

****Please fill in this field if you are an authorised representative of the Applicant**

If the Applicant is a company, commercial partnership, foundation, club or any other entity, the respective authorised representative must sign this Application Form and produce his/her ID card.

Representative Capacity

I.D. Card No. of Representative

For Official use only: Date:

Order No.: _____

Account No.: _____

*** Allocated Tel. No.: _____

Receipt No.: _____

Branch: _____

*** The telephone number allocated at application stage is subject to change due to any technical or other reasons.

Confirmed by receiving officer
signature / stamp

Date: