

## Temporary Lines Application Form

Maltacom p.l.c, Spencer Hill, Marsa, MRS 1950, Malta Postal Address: PO Box 40, Marsa, MRS 1001, Malta PO Box 14, Victoria, VCT 1000, Gozo t 8007 2121 f +356 2594 5895 e info@go.com.mt www.go.com.mt Company Registration Number: C 22334

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Place of Issue: \_\_\_

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/s for which you are applying. Name of Applicant/Company:\* I.D. Card/Passport No.:\*\_ (please attach copy; state passport number only if not in possession of a Maltese I.D. Card) Postal Address:\* (this address will be used to send you all correspondence including your bills) Nationality:\*\_\_\_ Contact Tel. No./s:\* \_\_\_\_\_ Contact Mobile No./s: Fax No./s: \_\_\_\_\_ Contact e-mail Address : Type of Company/Entity (where applicable):\* Please attach, as applicable, a copy of the most recent Memorandum and Articles of Association and a copy of the Certificate of registration, or the Partnership Contract, or copy of the Statute and details of Committee members. VAT Reg. No. (where applicable):\* Company/Entity Reg. No. (where applicable):\*

## 2. Service

	apply for the type of temporary service/s in the manno I hereunder:	er		
marcated	Thereunder.	Quantity:		
	Fixed (PSTN) Post-paid Telephone Line			
$\tilde{\bigcirc}$	Easyline - Fixed (PSTN) Pre-paid Telephone Line			
$\bigcirc$	Freephone			
$\widetilde{\bigcirc}$	ISDN Dualstream			
$\widetilde{\bigcirc}$	ISDN Dualstream Plus			
$\bigcirc$	ISDN Multistream (30 Channels)			
The servi	ce/s is/are for the following purposes:			
	Residential			
$\tilde{}$	Business			
The servi	ce/s is/are required on:			
	Land			
$\sim$	Ship-to-Shore			
$\sim$				
$\bigcirc$	Other (please specify):			
The servi	ce/s will also be used for ADSL purposes:			
Yes	No			
	pecify below any special equipment, service/s require quirements on the temporary service/s being requeste			
The service/s is/are required to be installed at:				
The service is required between the dates indicated hereunder:				
From:	To·			

## 3. Processing of Data

From time to time we may process data relating to you in order to send you details about products and services offered by GO and to provide you with any such products or services that you may eventually purchase or subscribe to.

Insofar as the above data does not constitute traffic data, we may further process it to send you details about products and services offered by GO and by other selected third parties.

We may provide any or all of the above information by mail, telephone, automatic calling machines, fax, e-mail, short messaging service (sms) or other electronic means.

Please indicate your preferences below:				
Do you consent to GO processing your personal data (other than your traffic data) to send you information about its products and services?				
Yes	No			
Do you consent to GO processing your traffic data to send you information about its products and services?				
Yes	No			
Do you wish to receive information by post or by phone about products and services offered by GO or by selected third parties?				
Yes	No			
Do you consent to receiving, by electronic means, information about products and services offered by GO or by selected third parties?				
Yes	No			

## 4. Declaration

I, the undersigned, wish to apply for the service/s in the manner indicated in this Application Form and agree to pay any relative charges. I also agree that this service shall be 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, and to the hereunder referred additional Conditions and Tariffs.

In case the temporary service/s that I am requesting is/are ISDN, Easyline or Freephone, I also agree to the respective terms and conditions.

I hearby agree that I have read and understood these terms and conditions and agree to abide by them.

Applicant s	Signature
Date	
 Representa	tive's name (in block letters)*
Representa	tive's Signature
	his field if you are signing as the authorised representative of the applicant.
* Please fill in t If the Applicany other e	this field if you are signing as the authorised representative of the applicant.  cant is a company, commercial partnership, foundation, club or ntity, the respective authorised representative must sign this Form and produce his/her I.D. card.
* Please fill in t If the Applicany other e	cant is a company, commercial partnership, foundation, club or ntity, the respective authorised representative must sign this

For Official use only: Date:	Confirmed by receiving officer
Order No.:	signature / stamp
Account No.:	
Tel. No. Allotted:	
Receipt No.:	
Branch:	

Date:

I.D. Card No. of Representative