



Transfer of Service Application Form

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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 (this address will be used to send you all correspondence including your bills):*

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

I.D. Card/Passport No.:* _____

Nationality:* _____
(Please attach copy; state Passport number only if not in possession of a Maltese I.D. Card)

Company/Entity Reg. No. (if applicable):* _____

VAT Registration No. (if applicable): _____

Contact Tel. No./s:* _____

Fax No./s: _____

Contact e-mail Address: _____

Contact Mobile No./s: _____

2. Service

I would like to have Telephone/Telex No./s

transferred as indicated below.

From PRESENT installation address: _____

To NEW installation address: ** _____

**** Please note that where the service is required in newly developed areas or outskirts, a site plan should be attached to this application to facilitate its processing. GO will not be held responsible for any delays in rendering the service at the required location if the address given is insufficient.**

If the transfer cannot be effected due to technical reasons, would you like to retain the mentioned telephone/telex service/s installed in the current address?

Yes

No

If NO, please indicate the date when you would like to have the telephone/telex service/s removed from the current installation address, allowing at least 15 days notice:

Would you like to use the telephone service/s, of which you are requesting the transfer, also for Internet purposes?

Yes

No

Would you like to have your details included in the Directory Information Service? (you are reminded of the different versions of the Directory Information Service that currently exist: the printed version, the GO on-line Phone Directory, the off-line CD Rom version and the 1182 Directory Enquiries Service)

Yes

No

If you ticked "Yes", please indicate the contents of your directory entry:

If you ticked "No", your directory details will not be included in any version of the GO Directory Information Service.

Would you like your details in the electronic versions of the Directory Information Service to be available through Reverse Directory Search?

Yes

No

Besides the facility of searching for your telephone number by entering your surname, the electronic versions of the GO Directory Information Service will allow any person to enter your telephone number in order to discover your directory details as shown in the printed version of the Directory Information Service. This method of searching is known as Reverse Directory Search. Our electronic versions also enable searching by multiple criteria, which allows a person to search for your directory details in these versions of the Directory Information Service by entering any detail contained in your directory entry, such as the street in which you live.

3. Declaration

I, the undersigned, wish to apply for the transfer of service/s 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 office 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

Representative's name (in block letters)*

Representative's signature

*** Please fill in this field if you are signing as the 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: