Request for Miscellaneous Service



A.	Customer Name:
	Site Address: Service Number:
В. 1.	SERVICE REQUIRED VAS Uplift Bar
	Call Diversion Passcode
2	Voice bank Others
2.	
	From: To:
3.	Date when service is required:
5.	
	From: To:
	Effective from:
4.	Additional Extension required: Location:
5.	Transfer of Ownership (applicable to family members only)
	Current Owner: New Owner:
	Postal Address: Postal Address:
	I hereby consent to the transfer of my I hereby accept transfer of Telephone No, Telephone No from to Undertake to pay bills on their due dates including any previous with the deposits (if any) held against bills unpaid as and when billed. I accept that the service will be the said telephone number. Name: Name: Signature: Signature: Signature:
6.	Change of: i) Postal Address ii) Service Number
	From: To:
7.	Permanent Disconnect Reason:
8.	Request for Bill Reprint Special Reading Refund
	I declare that: (a) all information provided is correct and true; and (b) I have read, understood and agree to comply with and be bound by the provisions of Telecom Fiji Limited's standard terms and conditions, a copy of which has been provided to me.
	Name: Designation:
	Signature of Applicant: Date: Common Seal: