

Number list

Application for telephone service

Please complete the blank fields fully.

Title & full name / Company name						
Contact person for business						
Contact telephone number						
Contact e-mail address						
Address of new service						
Occupation & Department (FIG contractors only)						
Are you pensionable age? YES / NO	If yes date of birth (residential only)					
Desired connection date (Please allow 10 working days)						
Ex-directory: YES / NO Directory entry:						
Line use: Residential Business MOD Government						
Call access requirement: National Internati	onal Outgoing only FDC 1141					
Do you hold an existing account with Sure? YES / NO Have you ever had an account with Sure? YES /NO						
A deposit is required prior to connection. £						
Resident /PRP customers will have their account reviewed after one year, and if payment records are						
satisfactory the deposit will be refunded.						
	e their deposit refunded on closure of their account.					
	, so we can review your account and arrange your refund.					
Overseas address (non residents)	Postal address if different from the above (MPA - we recommend your work address)					
	(INFA - We recommend your work address)					
E-billing e-mail address						
Room for main telephone socket						
Number of extensions on this line						
Location/s						
Charges:						
Please address any queries to our Customer Service Department on Tel: +500 20820, Fax: +500 20811 or e-mail: falklands.info@sure.com . Electronically completed forms can be e-mailed to this address.						
I hereby apply for service. I undertake to be bound by the schedule hereto and by the terms and Conditions of service rental and by call tariffs (copies can be seen at the Company's Office). I understand that failure to pay my telephone bill, by the due date will result in 5% interest added to the outstanding amount.						
Name	Signature					
Date	Select or enter a date					
For Official Use Only						
Actioned by:	Date:					
Telephone no:	Source:					
AN number:	Directory sent:					
Directory listing	Welcome:					
Add to Anaconda						



Account Authorisations

Account Name								
Account Number								
Telephone Number			Mobile Number					
Email Address								
Please name anyone in addition to yourself, that you wish to be added as an authorised signatory to your account. This includes making purchases, including mobile top ups, paying bills etc.								
Name of additional sign			of account	Date		Official use only: Update Anaconda		
Notes on account								
To protect the security of your account further, you may wish to assign a password to be quoted over the phone when calling to charge mobile top ups on your account. This needs to be quoted to our Customer Services representative by yourself, or any other authorised persons, before the top up is added.								
If you wish to have a password, please write it here:								
Signature of account holder:		Date:						

Please inform Sure immediately of any further amendments you may wish to make regarding the above.