

Note: For subscriptions by a Firm / Company, this application should be made by an authorized officer of the firm / company.



For Personal & Company	Type of Services Required Please indicate your requirement(s)	
Name of Applicant / Company *Mr. / Miss / Mrs. / DR Surname/Company _____ Other Name _____ Business Reg No. _____ Are you a citizen of Mauritius? Yes <input type="checkbox"/> No <input type="checkbox"/> ID No. / (or Others) _____ Installation Address: _____ Installation office Hrs <input type="checkbox"/> Installation after office Hrs <input type="checkbox"/> Street _____ Town _____ Any Add. Info _____ Billing Address (if different from installation address) Street _____ Town _____ Contact Person: _____ Contact No. _____ Name _____ Mobile _____ Other Name _____ Fix _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>New Fixed Lines (Please indicate your requirement(s)) No. of lines _____</p> <p>Special Services:</p> <input type="checkbox"/> Change your telephone number <input type="checkbox"/> Choose a special number <input type="checkbox"/> Bar your telephone IDD <input type="checkbox"/> Unbar your telephone IDD <input type="checkbox"/> Disconnect your line <input type="checkbox"/> Reconnect your line <input type="checkbox"/> Bar outgoing calls <input type="checkbox"/> Bar incoming calls <input type="checkbox"/> Unbar outgoing calls <input type="checkbox"/> Unbar incoming calls <input type="checkbox"/> Itemised Billing</div> <div style="width: 45%;"> <p>Value Added Services for New Line / Existing Tel no. _____</p> <input type="checkbox"/> Follow me <input type="checkbox"/> Call waiting <input type="checkbox"/> Phone lock <input type="checkbox"/> CLI Presentation <input type="checkbox"/> CLI Restriction <input type="checkbox"/> 3Way Conference Others _____</div> </div>	
	Installation fee	
	<input type="checkbox"/> Rs 2,000 for Residential & Expatriates (VAT exc) <input type="checkbox"/> Rs 3,000 for Business (VAT exc)	
	Phonebook Entry (Directory)	Security Deposit (mandatory)*
	<input type="checkbox"/> Free entry in the MT phonebook <input type="checkbox"/> unlisted in the MT Phonebook	<input type="checkbox"/> Rs 1,000 for Residential <input type="checkbox"/> Rs 2,000 for Business <input type="checkbox"/> Rs 5,000 for Expatriates
Miscellaneous Works		
<input type="checkbox"/> Additional Extension(s) – Qty _____ <input type="checkbox"/> Renew of Internal wiring <input type="checkbox"/> Shift telephone installation from one room/office to another <input type="checkbox"/> Rerouting of dropwire <input type="checkbox"/> Connect fax machine - make & model _____ <input type="checkbox"/> Others _____		
Modification of Service (s)		
<input type="checkbox"/> Change of billing address <input type="checkbox"/> Others _____	<input type="checkbox"/> Transfer of telephone Line Existing Tel No: _____ <input type="checkbox"/> Takeover of telephone Line Existing Tel No: _____	
Termination of Service		
<input type="checkbox"/> Termination of Telephone Service Tel No (s): _____ Effective Date: _____ Reason for termination _____		
Terms And Conditions		
I/We hereby confirm that I acknowledge that all information in this application is true and correct. I hereby confirm that I wish to be supplied with MT Services described in this application & acknowledge that the service(s) will be provided subject to the provisions of MT General Terms and Conditions, Service Terms, Price List which are available on the website http://www.telecom.mu Signed for and on behalf of the Applicant/Authorized Person: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Signature Of Applicant/Authorised Officer & Date</div> <div style="width: 30%;">Name & Designation (Applicable to firm & Company only)</div> <div style="width: 30%;">Company Stamp (if Applicable)</div> </div>		
For Official Use Only		
Document Submitted By (Name & ID No.) _____		
Document Checked & Verified By : (Name of Officer) _____		
DEMAND No. _____		Date:- _____

* Refundable Security Deposit (VAT not applicable)

Demand number:- _____

Date:- _____

Name of applicant:- _____

Telecom Shop:- _____