

Postpay - Application Form



Subscriber details

Surname / Company name: _____

First name / Authorised signatory name: *Mr/ Mrs/ Miss* _____

ID no/ Passport: _____ Business reg. no: _____

Address: _____

Email address (for Bill by email): _____ (compulsory)

Contact no: _____

Order details

new mobile no: _____ ICCID: _____

Order type:

modify package on mobile no: _____

| <input type="checkbox"/> Postpay Basic | Postpay Bundles (data, calls, SMS) | Data-only packages |
|---|---|--|
| <input type="checkbox"/> Rental - Rs 100/month | <input type="checkbox"/> Postpay 2000 - Rs 2,000/month No limit data, no limit calls, no limit SMS | <input type="checkbox"/> Hotspot 1TB Unlimited - Rs 750/month |
| <input type="checkbox"/> Voice Pack 100 - Rs 100/month 150 mins to my.t mobile & fixed | <input type="checkbox"/> Postpay 1000 - Rs 1,000/month 75GB unlimited, 600 mins to my.t mobile & fixed, 150 mins to other local operators, 1500 SMS | <input type="checkbox"/> Tablet 15GB Unlimited - Rs 100/month |
| <input type="checkbox"/> Data Pack 15GB Unlimited - Rs 100/month | <input type="checkbox"/> Postpay 500 - Rs 500/month 15GB unlimited, 360 mins to my.t mobile & fixed, 30 mins to other local operators, 1000 SMS | <input type="checkbox"/> Machine 500MB Unlimited - Rs 50/month |
| <u>Add-on</u> | <u>Add-on</u> | <u>Add-on</u> |
| <input type="checkbox"/> CLI restriction - Rs 58/month | <input type="checkbox"/> Booster 15GB - Rs 100/month <input type="checkbox"/> Deezer - free <input type="checkbox"/> CLI restriction - Rs 58/month | <input type="checkbox"/> Mi-Fi - Rs 1,500 (one-off) [Prerequisite: subscription to Hotspot 1TB] |

Add-on: eSIM One Number - Rs 50/month

Tariffs are VAT inclusive with a minimum term of contract of 1 year.

Order modification for mobile no: _____

Reallocation with new ICCID: _____

Cancellation of: _____ **because:** _____

Yes No - I hereby give my consent to Cellplus and its affiliates for informing me about its/their products and services, promotions, loyalty schemes and discount programmes.

I hereby certify all the above and any annexed information is correct. I hereby confirm that I have read, understood and agreed to be bound by the terms and conditions applicable for this Service.

I hereby accept and acknowledge to receive bills by email only.

Full name _____

Signature _____ **Date** _____

For office use - documents collected

Officer name: _____

ID passport work permit address proof BRN other: _____