



Bill by email

Order/modification/cancellation form

Subscriber d	le'	tai	IS
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Company Name:	BRN :				
Contact email:	Contact no.:				
Order details					
Request type: new order	order modification				
Request no.: 1 Use annex sheet if you wi	ish to register additional fixed or mobile numbers.				
Customer acc. no(s)	Fixed no(s)/ Mobile no(s)				
Email address on which you wish to rece	eive your bills (up to 3 email add. allowed):				
1					
2					
3.					
	ne about its products and services promotions, loyalty				
schemes and discount programmes	information is correct.				
I/We hereby confirm that I/We have read, under applicable for this Service available on www.myt.mu	stood and agreed to be bound by the terms and conditions u.				
No. of annex sheets:					
Full name & job title (of authorised signatory)					
NID (of authorised signatory)					
Signature	Date				





Bill by email - Annex sheet

Company Name:				BRN:	
Request type:	new order	order n	nodification		order cancellation
Request no.:					
Cust	omer acc. no(s))	Fixed	no(s)/	Mobile no(s)