

## RESIDENTIAL TELEPHONY SERVICE

### CLIENT DETAILS

Name & Surname

Address

Postcode

I.D./Passport No.

*Please attach a copy; state passport no. only if not in possession of Maltese I.D. Card*

Contact Number/s

Email

### ACCOUNT DETAILS

Trunk Type

Pay As You Go (€1)

Unlimited Malta - Landline & Mobile Package - Single Channel €3.99

Unlimited EU Land, US, Canada & Malta - Single Channel €6.99

Keeping Current Number

Porting Old Number *(if porting, please note that the porting document is required)*

DID Request  
*(new numbers only)*

Individual

SIGNATURE

*Signature of the Person Submitting this Form*

NAME

*Name of the Person Submitting this Form*

DATE OF SIGNATURE

ID NUMBER

*ID Number of the Person Submitting this Form*