

# TELECARE

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## APPLICATION FORM



Maltacom p.l.c., Spencer Hill, Marsa, HMR 12, Malta  
Postal Address: P.O. Box 40, Marsa, CMR 01, Malta  
P.O. Box 14, Victoria, VCT 101, Gozo  
Tel: (356) 2121 2121 • Fax: (356) 2594 5895  
www.maltacom.com • e-mail: info@maltacom.com  
Company Reg. No.: C 22334

Fields marked with an asterisk (\*) are compulsory. If you do not complete these fields, we shall be unable to process your application form in order to provide you with the Telecare Service/s that you are requesting.

Name of Applicant/Company:\* \_\_\_\_\_

Postal Address (this address will be used to send you all correspondence including your bills):\* \_\_\_\_\_

I.D. Card/Passport No. :\* \_\_\_\_\_ Nationality:\* \_\_\_\_\_  
(Please attach copy; state Passport No. only if not in possession of a Maltese I.D. Card.)

VAT Reg. No. (if applicable):\* \_\_\_\_\_ Company/Entity Reg. No. (if applicable):\* \_\_\_\_\_

Contact Tel. No./s:\* \_\_\_\_\_ Fax No./s: \_\_\_\_\_

Contact e-mail Address: \_\_\_\_\_ Contact Mobile No./s: \_\_\_\_\_

I would like to apply for the Telecare Service on telephone number: \_\_\_\_\_

Subject to the following conditions:

1. The equipment shall be installed by Maltacom p.l.c. and shall remain property of the Company. Connection and disconnection of the Telecare Unit shall be carried out by Maltacom p.l.c.
2. I shall be responsible for the safety of the equipment and will not damage, alter or remove the same or allow it to be damaged, altered or removed or make or allow to be made any attachment to the same.
3. The Company shall be responsible for the maintenance of the equipment and shall attend to and, if necessary, replace the unit or any faulty parts thereof as soon as practicable after proper notification of the fault.
4. The Telecare Unit shall be provided for the use of the approved subscriber to the Telecare Service provided by the Telecare Centre. The Company reserves the right to retrieve the equipment upon receiving notification of the termination of the relative subscription to the Telecare Service.
5. Any changes of address shall be immediately notified to the Company.
6. Where applicable, the Pink Card issued by the Social Security Department should be produced.
7. Where applicable, the special Identity Card issued by the National Commission for Persons with Disabilities should be produced.

*\*Relatives are limited to parents, brothers and/or sisters. Relatives have to produce certificates issued by the Public Registry, as evidence.*

The requested service/s is/are to be installed at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please tick  if you would like to include:

One pendant   
 Two pendants   
 Three pendants   
 Extra pendant

One pendant and one active cord   
 Two pendants and two active cords   
 Three pendants and three active cords   
 Extra active cord

### Personal Information

#### Status

Single and living alone  Single living with others  Couple living alone  Couple living with others

#### Contacts

Please fill in details of any person/s whom you wish us to contact in case of any potential emergency in your home:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone No./s: \_\_\_\_\_ I.D. Card/Passport No.: \_\_\_\_\_

Mobile No./s: \_\_\_\_\_ Work Telephone No./s: \_\_\_\_\_

Key holder? Yes  No

Relationship to user: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone No./s: \_\_\_\_\_ I.D. Card/Passport No.: \_\_\_\_\_

Mobile No./s: \_\_\_\_\_ Work Telephone No./s: \_\_\_\_\_

Key holder? Yes  No

Relationship to user: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone No./s: \_\_\_\_\_ I.D. Card/Passport No.: \_\_\_\_\_

Mobile No./s: \_\_\_\_\_ Work Telephone No./s: \_\_\_\_\_

Key holder? Yes  No

Relationship to user: \_\_\_\_\_

### Additional Information

Please specify any other information, which you deem important to make us aware of, in order to provide you with the Telecare Service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Authorisation for "Forced Entry"

In case of extreme emergencies suspected in your home or premises and reported either automatically or manually to the Monitoring Centre, it may be necessary for the Public Emergency Services and/or the Police Authorities to perform a "Forced Entry" into your home or premises in order to provide rescue and/or ensure safety.

I consent  I do not consent

### Other Services Required

I would like to:

Remove the existing Telecare Service/s on telephone number/s: \_\_\_\_\_

Installed at: \_\_\_\_\_

OR

Transfer/shift the existing Telecare Service/s on telephone number/s: \_\_\_\_\_

Installed at: \_\_\_\_\_

to telephone number/s: \_\_\_\_\_

Installed at: \_\_\_\_\_

### Declaration - kindly tick as applicable and sign below:

I explicitly consent to the Terms and Conditions and to Maltacom's Conditions for the Telephone Service, which I declare to have read and understood. In particular, I hereby explicitly consent Maltacom to process any and all sensitive personal data relating to me as may be necessary for Maltacom to provide me with the service I am applying for.

OR

I am applying in the name of another person who will be benefiting from this service. I declare that I have obtained such person's explicit consent in regard to the Terms and Conditions and to Maltacom's Conditions for the Telephone Service and that such person has read and understood the same. In particular, I hereby declare that I have obtained such person's explicit consent to Maltacom processing any and all sensitive personal data relating to such person as may be necessary for Maltacom to provide him/her with this service.

### Data Protection

From time to time we may process data relating to you in order to send you details about products and services offered by Maltacom and to provide you with any such products or services that you may eventually purchase or subscribe to.

Insofar as the above data does not constitute traffic data, we may further process it to send you details about products and services offered by companies within the Maltacom group and by other selected third parties.

We may provide any or all of the above information by mail, telephone, automatic calling machines, fax, e-mail, short messaging service (SMS) or other electronic means.

Please indicate your preferences below:

Do you consent Maltacom to process your personal data (other than your traffic data) to send you information about its products and services?

YES  NO

Do you consent Maltacom to process your traffic data to send you information about its products and services?

YES  NO

Do you wish to receive information by post or by phone about products and services offered by companies within the Maltacom Group or by selected third parties?

YES  NO

Do you consent to receiving, by electronic means, information about products and services offered by Maltacom, by companies within the Maltacom Group or by selected third parties?

YES  NO

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I, the undersigned, wish to apply for the service/s in the manner indicated in this Application Form and agree to pay relative charges. I also agree that this Application Form and this service are subject to the Terms and Conditions contained in Maltacom's Conditions for The Telephone Service, a copy of which is available from any of Maltacom's branch offices or from Maltacom's website www.maltacom.com. I hereby agree that I have read and understood these Terms and Conditions and agree to abide by them.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Name (in BLOCK letters) \*

\_\_\_\_\_  
Representative's Signature

**\*Please fill in this field if you are signing as the authorised representative of the applicant.**

If the applicant is a company, commercial partnership, foundation, club or any other entity, the respective authorised representative must sign this application form and produce his/her I.D. Card.

Representative Capacity: \_\_\_\_\_ I.D. Card No. of Representative: \_\_\_\_\_

**For Official Use Only:** Date: / /

Order No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Allocated Tel. No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Branch: \_\_\_\_\_

Confirmed by receiving officer  
signature / stamp

**(DFCU only)**

Date: / /