

REQUEST FOR WORKS



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 service/s that you are requesting.

Name of Registered Subscriber/Company: * _____

Postal Address: * _____

Account No.: * _____
(The Account No. is on the top right hand side of the telephone bill.)

I.D. Card or Passport No.: * _____
(Please attach copy; state Passport No. only if not in possession of a Maltese I.D. Card.)

Nationality: * _____

Company/Entity No.: * _____ VAT Registration No.: * _____
(if applicable) (if applicable)

Contact Telephone No./s: * _____ Fax No./s: _____

Contact Mobile No./s: _____

Contact e-mail Address: _____

I request the following works: _____

on Telephone/Telex No./s: _____

installed at: _____

I, the undersigned, wish to make a request for works in the manner indicated in this Application Form and agree to pay any 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 ID 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: / /
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***** The telephone number allocated at application stage is subject to change due to any technical or other reasons.**

TALBA GĦAL XOGĦOL



FORMOLA TA' L-APPLIKAZZJONI

Maltacom p.l.c., Telgħat Spencer, Marsa, HMR 12, Malta
Indirizz Postali: Kaxxa Postali 40, Marsa, CMR 01, Malta
Kaxxa Postali 14, Rabat, VCT 101, Għawdex
Tel: (356) 2121 2121 • Faks: (356) 2594 5895
www.maltacom.com • e-mail: info@maltacom.com
Nru. tal-Kumpanija: C 22334

L-ispacejji mmarkati b'asterisk (*) iridu jiġu mimlija kollha. Jekk inti ma timlix dawn id-dettalji, aħna ma nkunux nistgħu nipproċessaw din l-Applikazzjoni sabiex nipprovdulek is-servizz/i li inti qiegħed/a titlob.

Isem ta' l-Abbonat/Kumpanija: * _____

Indirizz Postali: * _____

Nru. tal-Kont: * _____
(In-Nru. tal-Kont qiegħed fuq in-naħa tal-lemin ta' fuq tal-kont tat-telefon.)

Nru. tal-Karta ta' l-Identità/Passaport: * _____
(Ehmeż kopja; niżżel in-numru tal-Passaport biss jekk m'għandekx Karta ta' l-Identità Maltija.)

Nazzjonalità: * _____

Nru. tal-Kumpanija/Entità: * _____ Nru. tal-VAT: * _____
(fejn huwa applikabbli) (fejn huwa applikabbli)

Nru./i tat-Telefon: * _____ Nru./i tal-Faks: _____

Nru./i tal-Mobile: _____

Indirizz elettroniku: _____

Nixtieq li jsir dan ix-xogħol: _____

fuq il-linja/i tat-Telefon/Telex Nru./i: _____

installata/i fl-indirizz: _____

Jien hawn taħt iffirmit/a nixtieq nitlob li jsir ix-xogħol indikat f'din l-Applikazzjoni u lest/a li nħallas kull spiza u hlas ieħor relatat miegħu. Jiena nagħraf u naċċetta li din l-Applikazzjoni u dan is-servizz huma suġġetti għall-kundizzjonijiet inklużi fil-Kundizzjonijiet għas-Servizz tat-Telefon tal-Maltacom u li jien nista' insib kopja ta' dawn il-kundizzjonijiet minn kwalunkwe fergħa tal-Maltacom jew minn fuq is-sit elettroniku tal-Maltacom, www.maltacom.com. Jien nikkonferma li qrajt u fhimt dawn il-kundizzjonijiet u naċċetta li nintrabat bihom.

Firma ta' l-Applikant

Data

Isem tar-Rappreżentant Awtorizzat (b'ittri KBAR):**

****Jekk jogħġbok imla din il-parti, jekk inti qed tiffirma bħala r-rappreżentant awtorizzat tal-Applikant.**

Jekk l-Applikant huwa kumpanija, soċjeta` kummerċjali, fondazzjoni, għaqda jew entita` oħra, ir-rappreżentant awtorizzat irid jiffirma din il-Formola u juri l-Karta ta' l-Identita` tiegħu/tagħha.

Kapaċità Rappreżentattiva: _____

Nru. tal-Karta ta' l-Identità tar-Rappreżentant: _____

For Official Use Only: Date: / /	Confirmed by receiving officer signature / stamp	(DFCU only) Date: / /
Order No.: _____		
Account No.: _____		
***Allocated Tel. No.: _____		
Receipt No.: _____		
Branch: _____		

*** In-numru tat-telefon li jingħatalek fil-bidu (meta tapplika) huwa suġġett ta' tibdil għal raġunijiet tekniċi u oħrajn.