

Order/ amendment form

Orange Post Pay

please fill in legibly in block letters.

1. Subscriber details

title: Mr. /Mrs. /Miss
name/company name:.....
first name:
business reg. no.:: VAT no.....
ID no:
billing address:
.....
email address for e-billing:(compulsory)
residential address:
.....
home tel. no:..... office tel. no:.....
contact email:

Please specify if: nonresident unemployed student

self-employed:
line of trade/business:
base of operation:
(attach copy of license/PSVL and other legal documents,bank statement etc.)
monthly income: Rs.....

Cancellation offer/ VAS
Customer MSISDN
Cancellation of:
Cancellation fee before end of contract: Rs.....
Bank name:
Bank A/C No:.....
Remarks/ Reasons for deactivation:
.....
authorised signatory:
.....
name:
.....

Reallocation
Customer MSISDN
New card number IMSI

I accept to receive commercial information on Orange product and services

I hereby expressly agree to guarantee jointly and in solido without "benefice de discussion ou benefice de division" to pay all bills and other charges on account of
Mr.:.....
in case of non payment in respect of the above mobile no.:.....
guarantor signature: NID no.:
..... date :.....



