



CABLE & WIRELESS

To: **The Customer Services, Sales & Marketing
Cable and Wireless Plc**

TELEVISION SERVICE APPLICATION

Application:
Date:

Advice
Note No.

Full Name or Company Title or Persons paying for this Services

I wish to apply for the Television service at the following address:

Telephone No.

Details of Customer Receiving Equipment

Television	PAL	
	NSTC	
VIDEO SYSTEM	PAL	
	NSTC	

TELEVISION REQUIREMENT

RECEPTION SURVEY (if applicable)	YES	NO
AERIAL INSTALLATION	YES	NO
EXTENSION SOCKET	YES	NO
OTHERS	YES	NO

AGREEMENT

I have read the terms and conditions of the Agreement detailed on this form and I undertake to be bound by them.

CUSTOMER SIGNATURE

DATE:

ACCEPTED ON BEHALF OF CABLE & WIRELESS

CUSTOMER SERVICES MANAGER

DATE: