



1511BLACKLIST
SERVICE APPLICATION FORM
(Home User)
 Company Reg.: 200001768Z

Member No. : _____
 (for official use)

1 Personal Information (Please complete ALL fields)

Surname:		Given Name:		<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mdm
NRIC/ FIN Number:		FIN Card Expiry Date:		(D)	(M)	(Y)		
Billing Address: (no PO Box)								
Postal Code:		Date of Birth: <small>(Minimum age 18 years to apply for service)</small>		(D)	(M)	(Y)		
Contact Tel Number:		Contact Fax Number:						
Email Address: <small>(for receiving invoice)</small>		Email Address: <small>(for correspondence)</small>						

2 Service Subscription

I/We wish to activate 1511BLACKLIST to bar/ prevent fraudulent calls to unfamiliar/ unauthorised countries.

3 Blacklist Details (Please complete as appropriate)

Country Name	Area Name	Telephone Number <i>(i.e. Country Code + Area Code + Telephone No.)</i>					
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	
		Country Code		Area Code		Tel No.	

4 Declaration

By signing below, I/we hereby confirm that the above information is correct and accept that the services provided to us will be subject to and used in accordance with the Services Terms and Conditions as presented and updated from time to time in the ZONE1511 website: www.zonetel.com.sg.

5 Endorsement	6. For internal Use Only
----------------------	---------------------------------

Signature : Date :	Sign Up / Service by Code : Date of Receipt :
---------------------------------------	--

Please fax or mail your duly signed form to:
ZONE TELECOM PTE LTD
 51 Goldhill Plaza, #18-01
 Singapore 308900
Corporate Help Desk: (65) 6720 6726 or 6720 6727 Fax: (65) 6222 1511