

Application for Change of Postal Address

Application Requirements

Attach the following documents to this application form

	Pensioner	Residential	Business	Foreign National
Copy of Identity or Passport document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Personal Details

Title The Hon Prof Miss Mr Mrs Dr Rev Other (please specify)

Surname Full name(s)

Date of birth DAY / MONTH / YEAR Occupation

Identity / Passport number Citizenship

Physical address

Contact details Telephone number Home Work Cell
Fax Email

Marital status Married in community of property Married out of community of property
Married out of community of property antenuptial contract Widow Divorced Single

Spouse name Spouse Identity / Passport number

Next of kin / Friend name

Telephone / Cell number Next of kin relationship

2 Company Details

Registered Name of Company

VAT Registration number Registration Certificate number

Type of Company Sole Proprietor Trading as
Private Public Partnership Close Corporation

Physical address

Contact details Telephone number Home Work Cell
Fax Email

Details of owners

Name / Title Identity number Contact number

Name / Title Identity number Contact number

3

Change of Postal Address

Name as on account

Account number

Telephone number

Fax number

Email

Old postal address

Post office

Town

New postal address

Post office

Town

4

Authorising Signature *(personal)*

I / We

declare that the information provided in this

application and copies of attachments are true and correct.

Signature

Date DAY / MONTH / YEAR

Spouse* / Legal Guardian Name

Surname

Signature (Spouse / Legal Guardian)

Date DAY / MONTH / YEAR

** Marriage in Community of Property / Power of Attorney Signature is required*

5

Authorising Signature *(business)*

"I / We

the undersigned, in my capacity as

of the Business and in my personal Capacity"

declare that the information provided in this application and copies of attachments are true and correct.

Spouse* / Legal Guardian Name

Surname

Signature (Spouse / Legal Guardian)

Date DAY / MONTH / YEAR

** Marriage in Community of Property / Power of Attorney Signature is required*

Telecom Namibia Use Only

Customer Segmentation

Total Solutions Full House Multi Services High Flyers One Liners Let's Talk

Channels Customer Relationship Manager Sales Team Teleshop

Application Checklist All legal documents attached Check Customer Details

Signature Supervisor / Manager

Date DAY / MONTH / YEAR

Account number

Service Order number

Agents name

Signature

Date DAY / MONTH / YEAR