

### PREPAID SERVICES

### Application form for activation and registration on tnmobile SIM card

SIM Registration as: Owner  Parent / Guardian  Business  Educational Institution  Other \_\_\_\_\_

CUSTOMER INFORMATION			
tnmobile Cellphone Number			
tnmobile Sim Card Number			
Title		The Hon/ Prof/ Miss/ Mrs/ Mr/ Dr/ Rev/ Other Specify	
Name of applicant		Names & Surname	
Type of identification		ID Number / Passport Number	
Gender		Date of birth	(DD/MM/YYYY)
Citizenship			
Occupation			
Postal Address		Postal Code, Area & City	
Residential Address or geographic area of residence		Street Name& Number, Area & City	
Alternative Contact Numbers		Home/Office	Mobile
Email Address			

SUBSCRIBER INFORMATION			
Title		The Hon/ Prof/ Miss/ Mrs/ Mr/ Dr/ Rev/ Other Specify	
Name of applicant		Names & Surname	
ID or Passport		ID Number / Passport Number	
Gender		Date of birth	(DD/MM/YYYY)
Citizenship			
Postal Address		Postal Code, Area & City	
Residential Address or geographic area of residence		Street Name& Number, Area & City	
Alternative Contact Numbers		Home/Office	Mobile
Email Address			

APPLICATION REQUIREMENTS	
Copy of ID, Passport, Driver's License, or Valid Voters Card	Yes / No
Police Declaration	Yes / No
Proof of residence: Municipal Bill, Lease Agreement, Police declaration of where the customer resides, or a letter from your nearest church, school, or constituency councillor.	Yes / No

Attach the documents to this application form:

I/We \_\_\_\_\_ the undersigned,

1. Declare that I/We, intends to be a customer for the services concerned and the information and documents provided are true, correct, and up to date. I undertake to inform Telecom Namibia of any changes in the information provided as and when these occur.
2. I take full responsibility for the veracity of the information and shall be liable for any inaccuracy, falsehood or other misstatement contained therein. I indemnify Telecom Namibia against liability for any false or inaccurate information provided.
3. Understand that the service will be subject to the provisions of the Communications Act, 8 of 2009 and the Relevant regulations made under that Act.

Full Name(s) \_\_\_\_\_

Signature \_\_\_\_\_

Spouse\* / Legal Guardian / Witness Full Name(s) \_\_\_\_\_

Signature \_\_\_\_\_

\*Director(s) / Member(s)/ Partner(s) Full Name(s) \_\_\_\_\_

Signature \_\_\_\_\_

Thus done and signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

FOR Office Use Only			
Teleshop/Reseller		Name of Agent	
Signature		Date	