CELL C™

HANDSET BLACKLISTING REQUEST FORM

CELLULAR PHONE NUMBER: | 0 | 8 | 4 | | | | | | | |

FIRST NAME: _____

SURNAME: _____

ID NUMBER: | | | | | | | | | | | | | |

-OR-

COMPANY REGISTRATION NUMBER: | | | | | | | | | | | | | |

**If handset was registered in the name of a company

ADDRESS: _____

_____

_____

POSTAL CODE: | | | | |

ALTERNATIVE CONTACT NUMBER: | | | | | / | | | | | | | |

IMEI NUMBER: | | | | | | | | | | | | | | | |

** 15 or 16 digit serial number of the handset being blacklisted.

MAKE AND MODEL: _____

** e.g. Nokia 3210

ARE YOU INSURED? Yes: ☐ No: ☐

Please tick in the appropriate box.

DATE LAST USED: D D M M Y Y Y Y DATE LOST / STOLEN: D D M M Y Y Y Y

DATE REPORTED: D D M M Y Y Y Y

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POLICE STATION REPORTED: _____

POLICE CASE NUMBER: | | | / | | | | | | / | | / | | | | |

**Police reference number is required for lost AND stolen phones

E.G CAS/12345/05/2003

REASON FOR BLACKLISTING: _____

How would you like your Blacklisting to be confirmed?

FAX: _____ _____ SMS: _____

I confirm that the above details are correct to the best of my knowledge. I agree and understand that I am bound by my conscience in giving these details and that any misrepresentation or an incorrect statement of the details and facts is fraud. I had the opportunity to ask questions about this form, and I understand this form and the effect it has on my rights.

CUSTOMER SIGNATURE: _____ DATE: _____

FAX THIS FORM TO CELL-C CUSTOMER CARE ON 08414329

FOR INTERNAL USE ONLY:

ITC REFERENCE NUMBER: | | | | | | | |

Comments:

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