



ORDER FORM FOR IP VPN SERVICE Ref :

1. CUSTOMER DETAILS

Company Name _____
 Address _____

 Company Reg No _____
 E-mail address _____
 Phone Number _____ Fax Number : _____
 Ordering Person name _____ ID No _____
 E-mail address _____
 Phone Number _____ Fax Number : _____

2. DEMAND TYPE

Please Tick/Fill as appropriate Tick for Yes, X for No

New IP VPN

Amendments within an existing agreement

Speed Rate Change From To.....
 Foreign Carrier Change
 Mauritius End Transfer

Modification leading to a new Agreement

Speed Rate Decrease
 Termination of service Date of Termination _____

International Reference _____

3. BILLING DETAILS

Company Name _____
 Address _____

 Postal Code & Town _____
 Country _____
 VAT Number (if applicable) _____

Financial Contact Person _____
 E-mail address _____
 Phone Number _____ Fax : _____

FOR OFFICE USE ONLY	
<i>Demand No</i>	_____
<i>Equipment Make/Model supplied by MT</i>	_____
<i>Serial Number</i>	_____
<i>Hand over date to Customer</i>	_____

Billing Start Date _____

4. MAURITIUS END INSTALLATION ADDRESS

Company Name _____
Installation Address _____

Technical contact _____
E-mail address _____
Phone Number _____ Fax Number : _____

5. DISTANT END INSTALLATION ADDRESS

Company Name _____
Address _____

Postal Code & Town _____
Country _____
E-mail address _____
Phone Number _____ Fax Number _____
Technical contact _____
E-mail address _____
Phone Number : _____ Fax Number : _____

6. TECHNICAL SPECIFICATIONS

Please Tick/Fill as appropriate Tick for Yes, X for No

Service Type : Premium _____
Internet Connectivity : Worldwide _____
Access Rate : _____
Port Rate : _____
Interface : _____ (X.21/V.35/G.703/G.704 or Ethernet (CyberTower Only))
Transmission Type : Cable _____

7. TERMS OF AGREEMENT

Please Tick/Fill as appropriate Tick for Yes, X for No

Digital
1 year
Temporary Circuit
Starting Date _____
Ending Date _____

8. ADDITIONAL INFORMATION

9. SERVICE OPTIONS

