

Application for 08 and 09 Services



Please complete this form in BLOCK CAPITAL LETTERS in black or blue ink. Before applying for these Services, we strongly advise that the Number Translation Service Terms & Conditions that apply to these Services are read. The relevant Terms & Conditions are available from our dedicated Business Solutions team on 882 345 and they can be downloaded from our website www.jtglobal.com/business

Jersey Guernsey

Application details

Company name					
Registration number		Account number			
Nature of your business			Date of incorporation		DD MM YY
Contact name			Position held		
Email address					
Contact number daytime			Contact number evening		
Contact number mobile					

Billing details (the address you would like us to send your bills to)

Billing address	
	Postcode

If you (personal or limited company applicant) have been at the above address for less than three years, please give previous address

Previous address	
	Postcode

Subject to credit checking we may request an additional advance payment or that other arrangements be put into place prior to provision of service.

Billing options (Tick preferred option)

<input type="checkbox"/> Paper bill by post	<input type="checkbox"/> Paperless bill by email	Email address
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Service options

a) For a 09XX Service only, please select the charge rate required from A, B, C or D (refer to the Charges Section of the Product Description for further information)

b) Do you want calls to the 08 or 09 number routed to an existing telephone number? YES NO
 If YES please enter the number that you require the service to be received on

If NO do you want an additional telephone line installed (please note that additional charges apply) YES NO

c) Do you want calls to your 08 or 09 number routed to our announcement only facility? YES NO

d) Do you want calls to your 08 or 09 number routed to our recorded message facility? YES NO

e) If you want a specific 08 or 09 number please specify below:

First choice: 0800 735 <input type="text"/>	First choice: 0845 800 <input type="text"/>	First choice: 0900 XXXX <input type="text"/>
Second choice: 0800 735 <input type="text"/>	Second choice: 0845 800 <input type="text"/>	Second choice: 0900 XXXX <input type="text"/>

Call routing - optional (additional charges apply)

a) Calendar routing* <input type="text"/>	b) Area routing* <input type="text"/>	c) Traffic dependent routing* <input type="text"/>
d) Re-routing on busy* <input type="text"/>	e) Pre-sort routing** <input type="text"/>	

*please also complete section 7 over the page **please also complete section 6 over the page

Call statistics - optional (additional charges apply)

Please provide an email address to receive the statistics

Announcement Details (only required if you selected the pre-sort routing option at 4e above)

Please write clearly in the space provided the text for each announcement to be added to the routing plan or the name of the .wav file. Please note that each announcement should not exceed the maximum time limit of 2 minutes.

Announcement 1
Announcement 2
Announcement 3

Call routing details

Calling area number or area code	Day type	Time of day	Announcement number*	Destination number	Divert on busy	Divert on no reply
	Everyday	:				
	Weekday	:				
	Saturday	:				
	Sunday	:				
	Bank Holiday	:				
	Default case	:				

*Please enter the relevant announcement number from the previous table e.g. 3

Directory enquiry and JT Directory details

Do you wish your 08 or 09 number and details to be made available by us and other directory information service providers (including on the Internet)?

NO	Please proceed to section 9
YES	How would you like your main entry name to read? *

* Your postal address will automatically be included and one entry per number in light print is included free as part of your service charge. Please call 882 508 for current charge information for additional, bold and superbold entries.

What print type would you like? Light Bold Superbold

Would you like any of the additional mobile or entry options listed below, linked to your main number?

	Number	How do you wish this entry to read?	Light	Bold	Superbold
Mobile number (1)	NO YES				
Mobile number (2)	NO YES				
Fax number	NO YES				
Email address	NO YES				
Web site address	NO YES				

Do you require an additional entry to the main entry name shown above and details to be made available to other directory information providers?

NO	Please proceed to section 9
YES	How would you like your main entry name to read? **

** Your postal address will automatically be included. Additional entries are charged per character including punctuation. Please call 882 508 for current charge information for additional, bold and superbold entries.

What print type would you like? Light Bold Superbold

If you wish to know more about our other JT Directory entry options, including advertising in our Classified Pages contact us on 882 508.

Personal Information: To provide services to you, we need to handle personal information about you and this will be processed in accordance with the Data Protection (Jersey) Law 2018 / Data Protection (Bailiwick of Guernsey) Law 2017 and in accordance with our Data Protection Notice which can be found at www.jtglobal.com/GDPR. By completing this form you are consenting to us using this information to provide you with service(s). Your information will be retained for up to a maximum of 6 years after the end of your contract with us. You have a right to ask for a copy of the information held about you in our records. If you require us to correct any inaccuracies please email customer.services@jtglobal.com. Full details of your rights can be found at www.jtglobal.com/GDPR.

We will also use your personal information for the purposes of our legitimate interests; namely to keep you updated with news about our products and services, run credit checks where necessary, and share your information within the JT group of companies who may send you details of other goods and services which may be of interest to you.

Please confirm you wish to receive these types of marketing communications, by ticking this box . The marketing preference options you select will not affect the delivery of your bill.

Declaration (complete a or b below as applicable)

a Personal applicant declaration

I am/we are at least 18 years of age and make this application having understood all applicable Conditions and Service Charges concerning this Contract. I/we understand and agree that I/we will be responsible for all Charges as applicable for a Minimum Contract Period of three months.

Signed			
Please print name			
Date	DD	MM	YY

b Limited company declaration (to be signed by an authorised signatory for and on behalf of the company)

I am/we are at least 18 years of age and make this application having understood all applicable Conditions and Service Charges concerning this Contract. I/we understand and agree that I/we will be responsible for all Charges as applicable for a Minimum Contract Period of three months.

Signed			
Please print name			
Position held			
Date	DD	MM	YY

Office use only

Account No.	Order No.	Access No.	Input By	Date Input	Credit Checked By	Surety Req'd

