

# Take Over of Business Telephone Service(s)

Please complete this form in BLOCK CAPITAL LETTERS in black or blue ink. Before applying for this Service, we strongly advise that the Exchange Line Services and other relevant Terms & Conditions that apply to this Service 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](http://www.jtglobal.com/business)

Jersey Guernsey 

## Application details

Account or Company name				
Registration number	Date of incorporation	DD	MM	YY
Contact name	Position held			
Email address				
Contact number daytime	Contact number evening			
Contact number mobile	Account or telephone Number			

## Details of the Business Service(s) to be taken over

What are the access number(s) that you wish to take over?


On what date would you like this take over to take place?  
(Monday to Friday)

DD	MM	YY
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## Important information regarding take overs

We require 5 working days notice to complete a take over request from when both forms are received. If no date is specified then the take over will happen on the next bill date. We can only process this request if we have received authorisation from the account holder currently responsible for this service.

## Address details (address where the service you are taking over is currently working)

Address	
	Postcode

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

Do you want your bills to be sent to the installation address above?

 YES

 NO

Address where you want your bills sent to

	Postcode
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## Payment option

<input type="checkbox"/>	I would like to pay by Direct Debit and have completed a 'Direct Debit Form', which I am returning with this application, authorising JT to debit the full amount billed to me monthly from my bank account.
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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	<input type="text"/>	Email address
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### Directory enquiry and JT Directory details

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

NO	Please go to next section	
YES	How would you like your entry name to read?	<input type="text"/>
		Postcode <input type="text"/>

Your postal address will automatically be included and one entry per number in light print is included free as part of your service charge. 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](http://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](mailto:customer.services@jtglobal.com). Full details of your rights can be found at [www.jtglobal.com/GDPR](http://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

I/We are over 18 years of age and accept the Conditions that apply to the Service(s). I/We may be liable for any charges or costs incurred by JT in connection with the provision of Service(s) if I/we cancel this order before the Service(s) commences.

### For and on behalf of (to be signed by an authorised signatory for and on behalf of the company)

Company name			
Signed			
Please print name			
Position held			
Date	DD	MM	YY

For office use only:		Date Input		Date Proofed		Entry Published	
Work order number:				Tel Number			



41535\_Take\_Over\_Service\_In\_A4\_May18

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