Application for 03, 08 and 09 Services



Please complete this form in full. 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.italobal.com/business

www.jtglobal.com/business		Jersey	Guernsey
Application details			
Company name			
Registration number	Account number		
Nature of your business	Date of incorporation DD	MM	YYYY
Contact name	Position held		
Email address			
Contact number daytime	Contact number evening		
Contact number mobile			
Billing details (the address you would like us to se	nd your bills to)		
Billing address			
	Postcode		
If you (personal or limited company applicant) have been at the	e above address for less than three y	ears, please give pre	evious address
Previous address			
	Postcode		
Subject to credit checking we may request an additional advance of service.	e payment or that other arrangement	s be put into place p	orior to provision
Billing options (Tick preferred option)			
	nil address		
Service options			
 a) For a 09XX Service only, please select the charge rate required from A (refer to the Charges Section of the Product Description for further information) 	ition)		
b) Do you want calls to the 03, 08 or 09 number routed to an existing te	elephone number?		NO
If YES please enter the number that you require the service to be rece	eived 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 03, 08 or 09 number routed to our announce	rement only facility?		NO
d) Do you want calls to your 03, 08 or 09 number routed to our recorded	d message facility?		NO

	Call routi	ing – optiona	l (additiona	l charges o	apply)
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Call routing - optional (additional charges apply)								
a) Calendar routing*			b) Area routing* c) Traffic dependent routing*					
d) Re-routing on busy	/ *	e) Pre-sort routing**						
*please also complete section 7 over the page								
Call statistics - o	option	nal (addit	ional charges a	pply)				
Please provide an	email a	ddress to re	eceive 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 det	ails							
Calling area number or area code	Day typ	e	Time of day	Announcement number*	Destination number	Divert on busy	Divert or	n no reply
	Everyda	у	:					
	Weekda	У	:					
	Saturda	У	:					
	Sunday		:					
	Bank Ho		÷					
	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 03, 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?								
		Num	ber	How do you wish this	s entry to read?	Light Bo	old	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)						
Dectaration (con	ipiete a oi b betow	as applicable)				
a. Personal app I am/we are at least concerning this Cont Period of three mon	: 18 years of age and tract. I/we understa	d make this applica				
Signed						
Please print name						
Date	DD		MM		YYYY	
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		YYYY	
		·				
Office use only						
Account No.	Order No.	Access No.	Input by	Date input	Credit checked by	Surety Req'd