

# Take Over of Business Telephone Service(s) – Incoming



Please complete this form in full. Please tick where appropriate. Before applying for this Service, we strongly advise that the Exchange Line Service 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	Contact number daytime
Registration number	Contact number mobile
Contact name	Date of incorporation DD MM YYYY
Email address	Position held

## 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 YYYY

## 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

Billing address
Postcode

## Payment option

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.

## Billing options (Tick preferred option)

Paper bill by post  Paperless bill by email

## 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?

Postcode

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.jtgloba.com/GDPR](http://www.jtgloba.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@jtgloba.com](mailto:customer.services@jtgloba.com). Full details of your rights can be found at [www.jtgloba.com/GDPR](http://www.jtgloba.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	Position held				
Signature(s)		Date	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
Print name					

## Office use only

Date input	Date proofed	Entry published	Work order number	Tel number