



ACTIVATION/DETACHMENT OF CLIR FACILITY FORM (For Postpaid Subscribers only)

A. CUSTOMER'S DETAILS

Name

1. First _____ Second _____ Last _____

2. Address: _____

3. Contact Number _____

B. PLEASE TICK ANY OF THE TWO:

1. Activation of CLIR Facility

2. Detachment of CLIR Facility

Applicant's Signature

Date: _____(DD/MM/YYYY)