



MOBILE NUMBER RETENTAION FORM (Prepaid/Postpaid)

A. CUSTOMER'S INFORMATION (Please fill this form in fully legible letters)

1. Name of the Customer

a. First _____ Middle _____ Last _____

2. Citizenship ID Care Number _____

3. Address _____

4. Number Type (✓)

Prepaid

Postpaid

5. Number to be retained 975 _____

6. Retention Period

One Year

Two Years

Three Years

7. Retention charge paid for (Nu.50 per annum)

One Year

Two Years

Three years

(If the customer is retaining the number for less than one year, the charge applicable will be the per annum charge i.e. Nu. 50 only)

Applicant's Signature

For Official Use (Not to be filled by customers)

Filled in form received after proper verification of details by counter staff

Name of the SR/ counter staff _____

Signature

Date _____ (DD/MM/YYYY)