HANDSET BLACKLISTING REQUEST FORM

CELLULAR PHONE NUMBER: | | | | | | | | | | |

FIRST NAME: _____

SURNAME: _____

ID NUMBER: | | | | | | | | | | | | | |

- OR -

COMPANY REGISTRATION NUMBER: | | | | | | | | | | | | | |
**if handset was registered in the name of the company

ADDRESS: _____

_____

_____

POSTAL CODE: | | | | |

ALTERNATIVE CONTACT NUMBER: _____

IMEI NUMBER: | | | | | | | | | | | | | | | |
**15 or 16 digit serial number of the handset being blacklisted.

MAKE AND MODEL: _____
**e.g. Nokia 3210

ARE YOU INSURED: Y N
Please tick the appropriate box

DATE LAST USED: | | | | | | | | DATE LOST / STOLEN: | | | | | | | |

DATE LAST USED: | | | | | | | |

POLICE STATION REPORTED: _____

POLICE CASE NUMBER: | | | / | | | | | | / | | / | | | | |
**Police reference number is required for lost AND stolen phones
e.g CAS/12345/05/2003

REASON FOR BLACKLISTING: _____

How would you like your Blacklisting to be confirmed?

FAX: _____ EMAIL: _____ SMS: _____

I declare that the above particulars are true and complete to the best of my knowledge. I understand that I am fully bound by my conscience in giving these facts and that any misrepresentation of the facts constitutes fraud.

CUSTOMER SIGNATURE: _____ DATE: _____

FAX THIS FORM TO:
CELL-C CUSTOMER CARE ON 08414329
MTN CUSTOMER CARE ON 0837057171
VODACOM CUSTOMER CARE ON 0860082082
VIRGIN CUSTOMER CARE ON 0116765404

FOR INTERNAL USE ONLY

ITC REFERENCE NUMBER: | | | | | | | |

COMMENTS:

Please note that this is not an insurance claim form. Kindly ensure all details are correct and complete. Failure to do so will result in your blacklisting request not being processed.