ALTECH AUTOPAGE CELLULAR

Getting it right for you. All Ways!

BLACKLIST REQUEST & CONFIRMATION

PLEASE FAX BACK TO 011 650 5183

Please note: The blacklisting cannot be actioned if this form is not completed in full. As per government legislation, you are required by law to blacklist your missing/stolen handset, before being able to open a police case. **Please make sure all details are Correct before faxing**

MINIMUM OF 24 WORKING HOURS WAITING PERIOD

THE CUSTOMER

FULL NAME:

TEL No: ( )

FAX No: ( )

HANDSET DETAILS

CELLULAR NUMBER

MAKE & MODEL

DATE LAST USED / /

REASON CODE
(L-Lost, S-Stolen, D-Damaged)

IMEI (serial number)

The following insurance companies have ITC viewing rights and can confirm that the handset is blacklisted for insurance purposes.
Altech Autopage Cellular (PTY) LTD will no longer be sending confirmation letters to the following companies:

CELLSURE PTY LTD	HOTLINE ADMIN. SERV.	SANTAM
OUTSURANCE	QUANTUM ASSESING	HOLLARD
MUTUAL & FEDERAL	NEXUS	NET COVER

Insurance companies not on this list can call **(011) 650 6532 * This letter will serve as confirmation**

IS ABOVE INSURED? **YES** **NO** **BROKER / INS COMPANY**

NB: Confirmation Letters are only given to Insurance companies or Brokers, please ensure your insurer's details are completed above.

- IMPORTANT: The blacklisting of the handset is not linked to the Suspension/ blocking of the sim card or cellular number for making or receiving any calls. If you are an Altech Autopage Cellular (PTY) LTD Subscriber and want the sim card/cellular number to be suspended, please contact the Customer Services department on **0860 23 24 24**.
- This is not an Insurance Claim Form – If you have Insurance via Altech Autopage Cellular (PTY) LTD contact the Insurance department.

I, the signatory, am authorised and agree to the blacklisting request above. I further declare that I will not hold Autopage Cellular liable for any incorrect information supplied herein.

SIGNATURE _____ PRINT FULL NAME _____ DATE _____

THIS REQUEST WILL ONLY BE PROCESSED ON RECIEPT OF A FULLY COMPLETED APPLICATION FORM

FOR OFFICE USE ONLY

ITC REF: DATE:

CASE NO: