



A N^o 106873

Subscriber Agreement Form

Affix Passport Size Photograph

Form SI. No.: _____
 Glo account No.: _____
 Tariff Plan: _____

Subscriber Segment: Individual Corporate SME Govt./NGO

SUBSCRIPTION DETAILS: INDIVIDUAL

Individual Name: _____
 Residential Address: _____
 Street: _____ Area: _____
 City: _____ State: _____
 Tel No.: _____ Fax No.: _____
 Personal E-mail Address: _____

SUBSCRIPTION DETAILS: CORPORATE / SME / GOVT / NGO

Company Name: _____
 Registered Address: _____
 Street: _____ Area: _____
 City: _____ State: _____
 Tel No.: _____ Fax No.: _____
 Email Address: _____

Office Address of Individual

Company Name: _____
 Address: _____
 Street: _____ Area: _____
 City: _____ State: _____
 Tel No.: _____ Fax No.: _____
 Official E-mail Address: _____
 Bills may be delivered to: Office address Residential address
 Bill Delivery Preference: E-mail Post

Billing Address (if different from Registered Address)

Company Name: _____
 Address: _____
 Street: _____ Area: _____
 City: _____ State: _____
 Tel No.: _____ Fax No.: _____
 E-mail Address: _____
 Bill Delivery Preference: E-mail Post

Personal Information

Self Employed Yes No
 Occupation: _____
 Nationality: _____ Date of Birth: _____
 Monthly Household income: _____
 Current Residence Owned Rented
 Car Ownership Yes No
 Years at current residential address: _____
 Banker's Name: _____
 Branch: _____ Account No.: _____
 Do you own a Credit/Debit/Value Card: Yes No

Contact Details of Administrator / Account Manager

Name: _____
 Tel No.: _____ Fax No.: _____
 E-mail Address: _____
 Date of Birth: _____ ID No.: _____

Company Details

VAT Reg. No.: _____ RC Reg. No.: _____
 Date of Issue: _____ Date of Issue: _____
 Place of issue: _____ Place of issue: _____
 Type of Industry: _____
 No. of Employees: 10-50 50-100 100 or more
 Annual Turnover: <N100m N100 to 500m N500m

Payment Option

How would you like to settle your monthly bills?
 Direct Debit Cash Cheque Bank Draft

Please tick the Value Added Services Required

IDD Roaming
 Fax and Data
 Friends and Family: Domestic _____ Friends and Family: International _____
 Other Services _____

Documents Attached

Proof of Identification Yes No (Individual)
 Utility Slip/Rent agreement Yes No (Individual)
 Proof of Income Yes No (Individual)
 Last 3 months bank Statement Yes No (Individual)
 Last Audited Financial Statement Yes No (Corp/SME)
 Company Registration documents Yes No (Corp/SME)
 Letter of authority Yes No (Corp./SME/Govt)
 ID of Account Administrator Yes No (Corp./SME/Govt)

Glo Mobile Office Use

SALES DETAILS:
 Sales Persons Name: _____
 Mobile no. Of Sales Person: _____
 Sales code: _____
 Signature: _____ Date: _____
CREDIT VERIFICATION:
 Verified by CVO's Name: _____
 Credit Limit Approval: _____
 Activation Date: _____
 Signature: _____
 SIM No.: 8 9 2 3 4 5 0 _____

DECLARATION

I / We _____
 having read and understood the terms and conditions printed overleaf
 Accept and agree to be bound by the said terms and conditions.
 I / We confirm that the information provided is true and accurate.
 I / We undertake to notify Glo Mobile of any changes to the above
 Signature: _____
 Date: _____ Place: _____

 Company Stamp

MSISDN No.: 0 8 0 _____

White Copy (Original) - Customer Care, Pink Copy - Sales, Light Green Copy - Subscriber

Glo Mobile Limited
 Executive Offices at Mike Adenuga Towers, Mike Adenuga Close, Victoria Island, Lagos.
 RC No. 474616 VAT Reg. No.: VIV/10002474616