

## HANDSET UN-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 digital serial number of the handset being bla	cklisted									
MAKE AND MODEL:										
**e.g. Nokia 3210										
ITC REF NUMBER:										
**Valid ITC reference number mandatory										
					•		_		<b></b>	, ,
ITC REF NUMBER:								1		





DATE RECOVERED:									
AFFIDAVIT									
POLICE STAMP									
I declare that the above particulars are true and co conscience in giving these facts						fully bou	ınd by m	у	
CUSTOMER SIGNATURE:		DATE	≣:						
FAX THIS FORM TO CELL C CUSTOMER CARE ON 08414329									
FOR INTERNAL USE ONLY:									
UN-BLACKLISTING ITC REFERENCE	NUMBER:								

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

