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BHUTAN TELECOM LIMITED

SERVICE RE-CONNECTION FORM
(To be filled by the applicant)

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

1. Name of the Customer:

First..... Middle..... Last.....

2. Address:

3. Service: a. Fixed Line b. Mobile c. Broadband d. Leased Line

4. Service number to be reconnected:

5. Location:

6. Contact Number:

7. Facilities Required for fixed line:

Local Only:
STD
IDD

Customer Signature.....

B. OFFICIAL USE:

NOTE: CAN feasibility has to be carried out if the number is disconnected more than three months.

1. Feasibility: DP Number/Tag :

2. Vertical MDF/Tag :

Signature:

Please attach a copy of citizenship identity card

Date: