



Date sold: _____
Mobile No: _____

ABN 6010 3855 713
NORFOLK TELECOM

APPLICATION FOR NORFOLK TELECOM MOBILE PREPAID

About this form

You must use this form to advise the Norfolk Island Regional Council of Application for Norfolk Telecom Mobile Prepaid. Sim pack Starters cost is available in the current Schedule of Fees and Charges document.

How to complete this form

- Ensure that all fields have been filled out correctly in BLOCK LETTERS;
- Fields on this form marked with an * are mandatory and must be completed before submitting this form;
- Submit this form by email or in person, see Lodgment Details below.

Customer Details	
First Name * _____ Surname* _____	
Contact Method*	<input type="checkbox"/> Email <input type="checkbox"/> phone _____
Customer Address	
Street Address:	
Postal Address:	
City:	State:
Postcode:	Country:
Telephone Directory Purposes Only	
<input type="checkbox"/> Visitor to the Island	
<input type="checkbox"/> Permanent Resident – Please publish my number in the Directory	
<input type="checkbox"/> Permanent Resident – Don't publish my number in the Directory	
Identification Purposes	
<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	
Received By _____ (print name)	
Signed *	Date

Lodgement Details

Mail: Norfolk Island Regional Council
PO Box 95
NORFOLK ISLAND

Email: customercare@nirc.gov.nf

In person: Customer Care Team
9 New Cascade Road
NORFOLK ISLAND

Privacy
Your personal information will be collected, stored, used and treated in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APP) in force from time to time. Where they are not inconsistent with the above Commonwealth laws, Section 739 of the *Local Government Act 1993 (NSW)(NI)* (protection of privacy) as well as the NSW Model Privacy Management Plan for Local Government and the Privacy Code of Practice for Local Government (NSW) may also be or become applicable to our management and use of your personal information.

OFFICIAL USE ONLY	
Receiving Officer - Name:	Date:
Receiving Officer – Signature:	