iDCS / OTV / FAP / 003 ver 1.0
SLT iDC Secton
5th Floor, SLT Hqts, Lotus Road,
Colombo 01 Sri Lanka
Tel : 0094 11 2 337 999, Fax: 0094 11 2 387 918
http://www.sltidc.lk

(To be Filled by SLT staff)

Vault ID No. Date

1. Customer Information

1.1 Name of Company

1.2 Billing Address
(with Postal Code)

1.3 Service Address

1.4 If you are already a SLT iDC Customer ,SLT iDC registered Number

2. Organizational Information

2.1 Business registration Number

VAT registration Number

Whether you are exempted from tax Yes No

If Yes, Please provide the exemption reference

2.2 Contact Information

(a) Name of the Contact Person

(b) Designation

© Contact Number Telephone E-mail

3. Package Details & Payment Information

3.1 Preferred Tape Vault Pacakge (Monthly Fee)			**Sub - Total**	**Total (SLR)**
(a) Shared		Number of Tapes		
(b) Dedicated		Number of Units		
3.2 One Time Registration Charge				
3.3 Tape Delivery charge				
	Daily	Weekly	Monthly	
3.4 Other Charges				
3.5 Adjustments				
3.6 Total Amount Payable				

3.7 Payment Frequency Monthy Total SLR ..... Half Yearly Total SLR ..... Yearly Total SLR.....

4. Service Provisioning

4.1 Service Commencement date

Term of Tape Vaulting Service Schedule Years

4. Payment Method

Method	**Information**
(a) Cheque	Payable to "Sri Lanka Telecom Ltd. and specified clearly your company name,contact person & T.P. No.
(b) Credit Card	Credit Card No. (credit Card No.)
© Cash	(Amount SLR)

I/We hereby declare that I/we wish to subscribe the services provided by SLT iDC and the above information is true and valid. SLT iDC reserves the right to reject this application at any time without refund should any of the above information is found to be false, inaccurate or invalid. I/we agree to be bound by the terms and conditions as specified overleaf and any amendments made thereto and to be bound by the Physical Access Policy & House rules of SLTiDC and the Acceptable Use Policy for SLTiDC Services.

Authorized Customer

Signature ..... Designation .....

Name ..... Date

Authorized SLT Officer

Signature : ..... Designature : ..... Date : .....