

# SIM Block/Replacement Form

Ref./Account No.: \_\_\_\_\_



GO p.l.c., Fra Diegu Marsa, MRS 1501, Malta  
T. 8007 2121 | F. +356 2594 5895  
E. [customercare@go.com.mt](mailto:customercare@go.com.mt) | W. [www.go.com.mt](http://www.go.com.mt)  
Company Registration No.: C22334  
VAT Registered No.: MT 1282-6209

MSISDN: \_\_\_\_\_

Retail Outlet: \_\_\_\_\_

## SIM DETAILS

ICCID No.: \_\_\_\_\_

Contract: \_\_\_\_\_

Replacement ICCID No.: \_\_\_\_\_

Replacement Reason: \_\_\_\_\_

## HANDSET DETAILS

Make: \_\_\_\_\_

Model: \_\_\_\_\_

IMEI: \_\_\_\_\_

Colour: \_\_\_\_\_

Proof of purchase: YES  NO

Faulty:

Stolen:

Found:

Lost:

Police Report: YES  NO

BlackList:

Unblacklist:

## CUSTOMER DETAILS

Customer Name and Surname: \_\_\_\_\_

ID Card No.: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name and Surname: \_\_\_\_\_

Contact No.: \_\_\_\_\_

ID Card No.: \_\_\_\_\_

Vat No.: \_\_\_\_\_

CReg No.: \_\_\_\_\_

Would you like your mobile number to be included on our directory YES  NO

Include in the ON-line Directory Service(Provided by maltacom p.l.c) YES  NO

Signature: \_\_\_\_\_

## FOR INTERNAL USE ONLY. ACTIONS APPROVED & COMPLETED BY:

GO Rep.: \_\_\_\_\_ SIGN \_\_\_\_\_

Balance Request: YES  NO  N/A  Balance at Time of Blocking: € \_\_\_\_\_ Request Date: \_\_\_\_\_ Time: \_\_\_\_\_

Blocked by: \_\_\_\_\_ SIGN \_\_\_\_\_ Request Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reactivated by: \_\_\_\_\_ SIGN \_\_\_\_\_ Request Date: \_\_\_\_\_ Time: \_\_\_\_\_