

application form webfax service



Welcome to Etisalat.

Complete this form if you are applying for Webfax Service

Customer details Please write in Capital Letters (Incomplete details may cause delay in providing service)

Name of the applicant / company: _____	
Address: _____	
P.O. Box: _____	Emirate: _____

Authorised contact person: _____	Designation: _____
Telephone: _____	Fax: _____ email: _____
Current Etisalat telephone / mobile phone number: _____	

Service required for

- Residence Business

Section A - New Service

Fax No. or email address to forward your fax

- Fax
 email _____ @ _____

Do you require email2fax service?
(Enable you to send faxes from your e-mail editor,
MS Outlook, Eudora, etc.)

- No If yes, please provide your Etisalat
email address _____ @eim.ae

Do you require mobile phone notification

- Yes No
(If YES, please indicate pager / mobile phone number)

- Mobile _____

Section B -Miscellaneous Requirements

Add Email2Fax facility / change email address

- email _____ @eim.ae

Cessation of service

- webfax email2fax facility

Change of email address for forwarding
(Available through webfax admin menu at no cost)

- Yes No

Change of password
(Available through webfax admin menu at no cost)

- Yes No

Change of mobile phone notification

- No Yes, New number _____

I / We agree to be bound by Etisalat's Conditions of Telecommunications
Service, including the conditions applicable to the WEBFAX Service

Signature of Applicant:

Title / Position: _____

Date of Application: _____

Company Stamp

For our use only

S/O No. _____	Account No. _____
---------------	-------------------