



**ኮርፖሬሽን አገልግሎታት ተለኮሙኒኬሽን ኤርትራ(ኤርተል)
Eritrean Telecommunication Services Corporation (EriTel)
አገልግሎት ኢንተርኔት
Internet Service Provider Office**



Customer Application Form

Date of Application _____

Town \City _____

1. Customer's Full Name _____
(First Name) (Middle Name) (Last Name)

Nationality _____ ID No _____ Passport No _____

Administrative area _____ Street _____ Zip _____

House No _____ Telephone _____ Fax _____ P.O.Box: _____

Customer Type _____ Contact Person _____

2. Customer Request:

2.1 Dial up

2.2 Leased Line or Wireless

Technical Information

- a. Type of Computer _____
- b. Software platform used _____
- c. Modem
Internal External
- d. Availability of Telephone Line yes

Technical Information

- a. Assigned IP Address: _____
- b. Server IP Address: _____
- c. Router/Radio IP address: _____
- d. Equipment type : _____
- e. Serial Number: _____
- f. Line code: _____
- g. Router/Radio Password: _____
- h. Domain Name: _____

Access Options

Internet Email Only Proxy

- a) User name _____
- b) Password _____
- c) Email Address _____@tse.com.er
- d) Email Password _____

Installers: _____

Starting date of Installation: _____

Remarks: _____

Usage Hours/Month

10 20 UL

Duration of the Contract

1 month 2 months Unlimited

Customer Signature: _____

Service Provider Signature: _____

Effective Date of Connection: _____

3. Change of service type from _____ to _____
Reasons for Changing _____

Change of service Date: _____
Signature of Customer: _____
Signature of the Service Provider: _____

Change of service type from _____ to _____

Reasons for Changing _____

Change of service Date: _____
Signature of Customer: _____
Signature of the Service Provider: _____

Change of service type from _____ to _____

Reasons for Changing _____

Change of service Date: _____
Signature of Customer: _____
Signature of the Service Provider: _____

Change of service type from _____ to _____

Reasons for Changing _____

Change of service Date: _____
Signature of Customer: _____
Signature of the Service Provider: _____

4. Suspension Closure

Reasons for Closure or Suspension: _____

Closure Date /Suspension Date: _____
Signature of Customer: _____
Signature of the Service Provider: _____