



APPLICATION FORM

Completed by : _____
Staff Name : _____
Staff Code : _____
Dealer Code : _____
Shop Code : _____

Job ID: _____

Applicant Details:

Title: _____
Name: _____
Gender: _____ Nationality : _____
ID Type: _____ ID No : _____
Date of Birth: (DD/MM/YYYY) _____ Profession : _____

Permanent Address:
House/Flat/Shop: _____ Building: _____ Road: _____ Block: _____ Area: _____

Mailing Address (if different than permanent address)
House/Flat/Shop _____ Buliding: _____ Road: _____ Block: _____ Area: _____
P.O. Box: _____ Post Area: _____
Other Mobile: _____ Home Tel: _____ Office Tel/Ext: _____ Fax: _____
Email: _____
International Address: _____

Additional Lines

Type	Subscriber Number
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* The monthly invoice will be sent to the e-mail address stated above. Should the Customer require a physical copy to be sent to a postal address, printing fees may applied.

Activation Details:

Directory Service: I would like to have following number(s):

Contract No	Contract Credit Limit
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Subscriber No	Type	IMSI	Subscriber Credit Limit	Package
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* For more details about the charges related to international calls, roaming and other offers and promotions offered by Zain, please refer to www.bh.zain.com.

I, the undersigned, have read, understood and agreed to Zain's General Terms & Conditions, and accepted the credit limit assigned to me.

Customer Name: _____

Signature:* _____ Date: _____



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Activation Details:

Subscription Number	Bundle				
	Local Minutes	International Minutes	SMS	MMS	Data (GBs)

Subscription Number	Additional Usage Tariff				
	On-Net BHD/Minutes	Off-Net BHD/Minutes	SMS BHD/Unit	MMS BHD/Unit	Data (GBs) BHD/Unit*

Customer Name: _____ Signature:** _____ Date:

* For more details related to data usage please refer to Zain Bahrain's Fair Usage Policy available at www.bh.zain.com.

** The signature may be captured via an electronic input device :