

Provider to complete:

Date of receipt: \_\_\_\_\_ Appendix to Contract no.: \_\_\_\_\_ Telephone number: \_\_\_\_\_

## Telephone line

### Technical service specifications

*Fill in correctly in block letters or tick the relevant option/s.***1. CUSTOMER**

Name, surname / Name of business: \_\_\_\_\_

Reference payer code:  
(if you are our Customer) \_\_\_\_\_Birth number /  
IČ (if allocated): \_\_\_\_\_**2. TYPE OF FIXED LINE**
 Fixed line       Digital line ISDN 2       Digital line ISDN 30       Digital line 2MBL
**3. SELECTION OF SERVICE**I request:     installation     relocation     conversion     Change of data <sup>1</sup>

Telephone no.: \_\_\_\_\_

Date of disconnection (for  
relocation): \_\_\_\_\_**4. ADDRESS <sup>2</sup>**Detailed address for installation  
of line

Street: \_\_\_\_\_

House no.: \_\_\_\_\_ / \_\_\_\_\_

Floor: \_\_\_\_\_

Room no.: \_\_\_\_\_

*Fill in for installation and relocation.*

Post code: \_\_\_\_\_ Town-town district: \_\_\_\_\_

**5. SPECIFICATION OF CONVERSION**
 Fixed line into Digital line ISDN 2     Digital line ISDN 2 into Fixed line     Other/s  
(to specify in point 15)
**6. PORTING OF FIXED LINE NO.***Complete for change of fixed-line operator or  
conversion of your fixed line while keeping the current  
telephone number.*Fixed line no.: \_\_\_\_\_  
The current telecoms service  
operator: \_\_\_\_\_**7. SERVICE CONFIGURATION**

I require configuration of  
services under:

 Preset order of Digital line ISDN2 A  
(4 telephone numbers, group of standard complementary services under applicable Price List)  
 form „Individual setup of euroISDN services - Specifications“  
(individual setup of ISDN2 A, ISDN2 C, ISDN2 D and ISDN30 E)  
 for „Digital line 2MBL - Specifications“
**8. TIME OF PROVISION OF SERVICE**I request the line     For time indefinite     For fixed time    from \_\_\_\_\_ till: \_\_\_\_\_  
m: \_\_\_\_\_**9. START OF SERVICE PROVISION****10. PRICE TARIFF****11. PURPOSE OF USE OF LINE**
 For private purposes       For business and other purposes
**12. CUSTOMER PREMISES EQUIPMENT (CPE)**
 CPE on lease     Standard telephone set     Special telephone set  
 Another type of CPE (specify  
the type): \_\_\_\_\_

The leasing contract for the above CPE starts from the acceptance of the specifications effectively from date of take-over of CPE.

 Own CPE     Required delivery of CPE    Type of CPE: \_\_\_\_\_  
 agreed maintenance
<sup>1</sup> fill in new details in relevant boxes.<sup>2</sup> if required by the Provider the details will be checked against appropriate documentation showing the entitlement to use the space.

<b>13. BILLING OF SERVICE</b>	
Type of bill	A) standard (by type of service) - printed      B) one item – printed <sup>3</sup> C) by type of service – electronic <sup>4</sup>
Free of charge	I request a free delivery (tick the relevant type) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Additional bill (paid service)	In addition to the free bill I request <input type="checkbox"/> A <input type="checkbox"/> B
The bill should be delivered to	Name and surname of person / name of business
<input type="checkbox"/> To Customer address (under point 1 of Contract)	
<input type="checkbox"/> To location address (under point 4 Specifications)	IČ / DIČ: _____ / _____
<input type="checkbox"/> To another address (please, fill in):	Street: _____ House no.: _____ / _____ Post code: _____ Town - town district: _____
Method of payment	<input type="checkbox"/> Collection by <input type="checkbox"/> Direct transfer <input type="checkbox"/> SIPO <input type="checkbox"/> In cash by bill A
Provider account no. for direct transfer: 6007 – 0700103393/0300	Account no./bank code: _____ / _____ SIPO code: _____
<b>14. TELEPHONE DIRECTORY details</b>	
<input type="checkbox"/> I agree with standard publication (under Contract, point 1)	
<input type="checkbox"/> I agree with standard publication (under Specifications, point 4)	
<input type="checkbox"/> I request change of extent of standard publication as follows:	
<input type="checkbox"/> I request publication e-mail address as follows:	
<input type="checkbox"/> I request not to publish the details	
<b>15. SPECIAL ARRANGEMENTS</b>	
<b>16. SPECIFICATIONS APPENDICES</b> (Provider to complete)	
<input type="checkbox"/> Operating conditions for the provision of public telephony and Universal service	
<input type="checkbox"/> Individual setup of euroISDN services – Specifications	<input type="checkbox"/> Digital line 2MBL - Specifications
<input type="checkbox"/> Conditions for installation and operation of basic FixGSM	<input type="checkbox"/> Easement form
<input type="checkbox"/> Commercial terms & conditions for the provision of leased CPE	
<input type="checkbox"/> Other appendices: _____	
<b>17. SIGNATURES OF PARTIES</b>	
On behalf of Provider:	On behalf of Customer:
In _____ Date _____	In _____ Date _____
_____	_____ Phone _____
Name and Surname	Name and Surname
Telefónica O2 Czech Republic, a.s.	Signature and stamp (company)

For information about Telefónica O2 Czech Republic, a.s., and the conditions call our free line 800 02 02 02 or [www.cz.o2.com](http://www.cz.o2.com)

Sales rep ID (for internal use only).

Name:	Segment / Sales unit	/
Phone:	ID Siebel:	

<sup>3</sup> The Customer accepts that a service bill of one item may not always meet the criteria of a regular tax document.

<sup>4</sup> For option C) the Customer must activate e-bill at: [e-ucet.cz.o2.com](http://e-ucet.cz.o2.com).