



ACTIVATION/DETACHMENT OF CLIR FACILITY FORM

(For Postpaid Subscribers only)

A. CUSTOMER'	S DETAILS	
Name:		
Address:		
Contact No.:		
B. Please tick any	of the two:	
Activation of CLIR Fac	cility	
Detachment of CLIR Fa	acility	
Applicant's Signature	;	
	Date:	