SRI LANKA TELECOM PLC

Company Registration No: PQ 7

PDMD/FSISU/016/V2.1

SISU CONNECT

(To be filled by SLT officer)

CR NO. | | | | | | | | | | | Account No. | | | | | | | | | | |

APPLICATION /AGREEMENT FOR SISUCONNECT Postpaid Package

1. General Information (Mandatory)

1.1 Student's Name

1.2 Date of birth D D M M Y Y Y Y

1.3 Name of the school

1.4 School Admission Number

1.5 Grade and Class

Please Nominate the Telephone number/s for which authorized access is required.

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*In order to receive SMS sent by school authority, this number has to be a **Mobile or CDMA Number.**

1.6 Parent / Gardian Information

Fixed Line Number | Mobile Number | Email Address

1.7 National Identity/ Passport/Driving Licence No:

2. To be filled by SLT Post paid Customer only

2.1 **SLT Telephone number for which SISUCONNECT is to be activated**

2.2 Name of the Customer (Mr./Ms.)

2.3 Name of the parent/gardian if different from above 2.2

I do hereby declare that the information furnished herein are true and correct. I have read, understood and agree to abide by the terms and conditions stated herein which shall be supplimentary to the Megaline/ Citylink Postpaid New Connection Agreement and which sall form an intergral part thereof.

I hereby certify that I am the legal subscriber of the Telephone No ..... mentioned under 2.1 herein above.

Date : ..... Customer's Signature :.....

3. Acknowledgement & Order Acceptance

Duly filled application with the consent of the school should be submitted to the relavant Regional Telecom Office or to the school authority. A PIN number and SISU Connect ID Number will be sent to you once the application registered and accepted by SLT.

4. Conditions

The Customer and /or Parent / Gardian / Student shall be fully responsible for any accidental / negligent and /or unauthorized disclosure of the PIN number and /or SISU Connect ID number to any other person(s) and shall bear the risks of the PIN number and /or SISU Connect ID number being used by unauthorized person(s) or for unauthorized purposes. At no time and under no cirucumstances shall the Customer and /or Parent / Gardian / Student disclose the SISU Connect ID number and PIN number to any other person(s).

5. Parent / Gardian Declaraion

I here by absolve SLT of any liability from the student stated under 1.1 above utilizing the faciltiy here under and acknowledge that the cost thereof would be debited to telephone stated under 2.1 above. I further authorize the above Access Numbers.

Date : ..... Parent's / Gardian's Signature:.....

6. FOR SCHOOL AUTHORITY USE ONLY

I confirm that the student under 1.2 above is attending .....(*school name)

Signature of the School authority : ..... School Seal :.....

Designation : ..... Date :.....

FOR SLT USE ONLY

Telephone number for which SISU Connect is activated(for postpaid) | SISU Connect ID | School Code

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Signature and the seal of Provincial Sales Manager / RTOM Date