

IND Request Form

(According to ITU-T Recommendation E.191.1 (02/2001))

(One IND request per form)

To be returned with registration fee ¹⁾ to :

IND Registrar / TSB
International Telecommunication Union
Telecommunication Standardization Bureau
Place des Nations
CH - 1211 GENEVA 20, Switzerland
Tel: +41 22 730 6220
Fax: +41 22 730 6200
E-mail: universalnumbers@itu.int

Part A to be filled out by the applicant

Transmittal date: _____

Company name _____

Contact name _____

Address _____

Telephone number + _____

Fax number + _____

E-mail _____

Request type (mark with an X)	New	Change *	Cancel
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* Reason for change _____

Proposed use of IND (Applicant must indicate that the IND is to be used, or plans to be used, in the provision of public correspondence services):

¹⁾ Payment of the registration application fee: 100 Swiss francs ¹⁾

Specify the method of payment used :

[] – by bank transfer to ITU account No.240-C8-765.565.0 UBS S.A., Geneva (Switzerland);
IBAN: CH96 0024 0240 C87655650 SWIFT No. UBSWCHZH80A Clearing No. 240

[] – by Credit Card: EUROCARD-MASTER CARD [] VISA [] AMERICAN EXPRESS []

Credit card number: _____

Valid date: _____

Holder's Name: _____

Signature: _____

(Your signature is required if you pay by credit card). The ITU does not accept Letters of Credit.

Part B filled out by the Registrar to be returned to Applicant

This IND is assigned:

Transmittal date: _____

Remarks:

Signature:

(Applicant/Registrar)

Date: _____