

## SERVICE PROVIDER CHECKLIST

Please fill in the details below electronically or by hand in BLOCK CAPITALS and either scan and email to us at [premiumrate@skycomuk.com](mailto:premiumrate@skycomuk.com) or print off and post to us at:

Skycom Ltd  
431 London Road  
Camberley  
Surrey  
GU15 3HZ

Please remember to include any supporting documentation (see section 7), as without it we will be unable to make your service(s) live.

**All premium rate services must comply with the terms of the PhonepayPlus Code of Practice. You must ensure you have registered as a service provider with PhonepayPlus via their website and specified your registration number in Section 8 of this document.**

**We strongly advise you to contact PhonepayPlus or visit their website to verify if there are any other requirements for the specific type of premium rate service you are intending to run.**

PhonepayPlus can be contacted via e-mail at [compliance@phonepayplus.org.uk](mailto:compliance@phonepayplus.org.uk) or by phone on **0845 026 1060**. You can also find further information, including the full Code of Practice, on the PhonepayPlus website at <http://www.phonepayplus.org.uk>

### SECTION 1 – SERVICE PROVIDER BUSINESS DETAILS

This section must be completed by **all** customers.

BUSINESS NAME	
BUSINESS ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	
CONTACT ADDRESS AND POSTCODE (IF DIFFERENT)	

**SECTION 2 – FOR LIMITED COMPANIES ONLY**

COMPANY NUMBER	
REGISTERED NAME	
REGISTERED ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	
CONTACT ADDRESS AND POSTCODE (IF DIFFERENT)	

**SECTION 3 – FOR LIMITED COMPANIES ONLY**

Please supply the following information for **all** company directors and mark clearly the director(s) with direct responsibility for your proposed premium rate numbers (if you do not indicate this we will infer that Director 1 has direct responsibility).

DIRECTOR 1 FULL NAME	
DIRECTOR 1 HOME ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	

DIRECTOR 2 FULL NAME	
DIRECTOR 2 HOME ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	

DIRECTOR 3 FULL NAME	
DIRECTOR 3 HOME ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	

N.B - if there are more than three directors please supply their details on a separate sheet.

#### SECTION 4 – DAY-TO-DAY RUNNING

Please supply contact details for the individual with day-to-day responsibility for your premium rate services.

FULL NAME	
ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	

**SECTION 5 – CREDIT CHECK**

Please tick the box below to confirm your agreement to us carrying out a credit check on your business or, in the case of sole traders, you as an individual. This is required.

**SECTION 6 – NON-PREMIUM RATE CONTACT NUMBER**

Please specify a non-premium rate telephone number that can be supplied to complainants.

NON-PREMIUM RATE CUSTOMER SERVICE NUMBER	
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**SECTION 7 – SUPPORTING DOCUMENTATION**

Please ensure that when you return this form to us you include photo ID for the person named in section 4, and any director with primary responsibility that may be named in section 3.

Please also remember to include a recent (last 3 months) utility bill, lease or mortgage agreement or insurance document for the address shown in section 4, along with a recent (last 3 months) bank statement for the business.

**SECTION 8 – PHONEPAYPLUS REGISTRATION NUMBER**

You must register as a service provider with PhonepayPlus before submitting your application to Skycom. You will be given a registration number, which you must specify in the box below.

PHONEPAYPLUS SERVICE PROVIDER REGISTRATION NUMBER (complete below)

Note that in some cases the PhonepayPlus registration process will require you to state which service provider will pay revenue for your service. You should specify **Skycom Ltd** and our registration number **ORG830-21312-56846**.

**SECTION 9 – SIGNATURE**

Please now sign and date this form to confirm you are applying for a premium rate number to be made live, that you have included all the necessary supporting documentation to the best of your knowledge, and that you are authorised to sign this document on behalf of your company (if applicable).

By signing below you also indicate that:

- You have read the PhonepayPlus Code of Practice (12th edition) in its entirety;
- You have understood your responsibilities and obligations under the Code;
- Skycom Ltd has fulfilled its duty to draw the Code to your attention;
- You will contact PhonepayPlus directly for further advice if you are unclear in any way about compliance with the Code.

SIGNATURE	
DATE	
PRINT NAME	
BUSINESS NAME (if applicable)	
POSITION (if applicable)	

**Now check the list on the following page to ensure that you are sending us all the information we require.**

## HAVE YOU INCLUDED EVERYTHING?

Please make sure you are supplying everything listed below or we will be unable to activate your premium rate service:

- This completed document
  - All required sections must be completed
  - If your business is a limited company, you must ensure you have granted us permission to run a credit check in Section 5
  - Ensure you sign and date the document in Section 9
- Photo ID for the individual named in Section 4 of this document
- Photo ID for the director named in Section 3 with primary responsibility for your premium rate services
- A recent utility bill, a lease or mortgage agreement, or an insurance document for the premises whose address is shown in Section 4
- A recent bank statement for the business

Thank you.

Skycom Compliance Team