

## PREMIUM RATE SERVICE DETAILS

You must complete a copy of this form for every premium rate service you are running or intending to run. **Please note that all information provided on this form may be shared with industry regulator PhonepayPlus at their request.** You must also ensure you have registered your service with PhonepayPlus directly via the "register services" link on their website:

<http://www.phonepayplus.org.uk/output/Register-your-services.aspx>

### SECTION 1 – PREMIUM RATE NUMBER

Enter the number on which this service operates.

PREMIUM RATE NUMBER	
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### SECTION 2 – SERVICE DESCRIPTION

Please provide the category of your service (e.g. technical support, competition line, live chat service etc) and a detailed description. You must also state the call cost (per minute) and the maximum call duration.

SERVICE CATEGORY	
DETAILED DESCRIPTION  <i>Please continue on a separate sheet if this box is not large enough.</i>	
CALL COST (PENCE PER MINUTE)	
MAXIMUM CALL DURATION	

### SECTION 3 – CUSTOMER SERVICE DETAILS

You must supply full customer service contact details for this service. **These details will be shared with PhonepayPlus at their request and may be made publicly available via the PhonepayPlus website.**

NAMED CONTACT (FULL NAME)	
ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE (NOT PREMIUM RATE)	
FAX	

### SECTION 4 – REFUND POLICY

Use this section to describe your refund policy. You must include details of the procedure complainants must go through if they feel they are entitled to a refund, under what circumstances refunds would or would not be paid, and how these refund payments will be made. Note that PhonepayPlus require all service providers to have *“an effective mechanism for the consideration of claims for refunds and their payment where justified”*.

REFUND POLICY

*Continue on another sheet if necessary*

**SECTION 5 – SIGNATURE**

This form must be signed by either the person responsible for day-to-day running of premium rate services, or the director with primary responsibility, as declared in your Service Provider Checklist form.

SIGNATURE	
DATE	
PRINT NAME	
POSITION	

Ensure you have completed all sections of this form, then either scan and return to us via email to [premiumrate@skycomuk.com](mailto:premiumrate@skycomuk.com), or post to the following address:

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