

SERVICE PROVIDER CHECKLIST

Please fill in the details below electronically or in BLOCK CAPITALS and either scan and email to us at 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 number/s live.

You must also ensure you have registered as a service provider with PhonepayPlus via their website and forwarded a copy of the e-mail confirmation to us. We strongly advise all customers to contact PhonepayPlus 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 or by phone on 0845 026 1060.

You can register as a service provider on their website at the following address:

<http://www.phonepayplus.org.uk/output/Registration.aspx>

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 and mark clearly the director 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 responsibilities for your premium rate numbers.

FULL NAME	
ADDRESS	
POSTCODE	
EMAIL ADDRESS	
PHONE	
FAX	

SECTION 5 – CREDIT CHECK

Please **tick the box below** to confirm you are happy for us to carry out a credit check on your business (if applicable). This is required if you are completing this form on behalf of a business.

SECTION 6 – NON-PRS 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 6 months) utility bill, lease or mortgage agreement or insurance document for the address shown in section 4, along with a recent (last 6 months) bank statement for the business.

SECTION 8 – SIGNATURE

Please now sign and date this form to confirm you are applying for a premium rate number to be made live, and 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).

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 8
- A copy of the PhonepayPlus service provider registration confirmation e-mail
- 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