

Sl No. : _____

Duplicate



SIM replacement form

Customer's name _____ Date _____ Location _____

Vodafone number _____ Relationship no. _____

Postpaid Prepaid HLR _____

Reason		
<input type="checkbox"/> Blocked	<input type="checkbox"/> Damaged	<input type="checkbox"/> Lost
<input type="checkbox"/> Faulty	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Others

Old SIM _____

New SIM _____

SIM replacement cost	
Postpaid <input type="checkbox"/> Charge to bill <input type="checkbox"/> Cash/credit card <input type="checkbox"/> Complimentary	Prepaid <input type="checkbox"/> Cash/credit card <input type="checkbox"/> Complimentary

Remarks
_____ _____ _____

Customer's signature _____

Customer's name _____

Vodafone executive _____

Vodafone Store/Ministore _____

Proof of identity number _____