



**SPLIT BILL SERVICE APPLICATION FORM**

***SUBSCRIBER'S DETAILS:***

<b>NAME OF LEGAL ENTITY</b>	<input type="text"/>
<b>CYTA CUSTOMER NUMBER</b>	<input type="text"/>
<b>REGISTRATION NUMBER</b>	<input type="text"/>
<b>Name and surname of authorized representative</b>	<input type="text"/>
<b>ID/Passport number of authorized representative</b>	<input type="text"/>
<b>Contact email address in case of problem</b>	<input type="text"/>
<b>Cytamobile-Vodafone Pay monthly service to charge</b>	<input type="text"/>

**Note that the Split Bill service will be available only if:**

1. There is a connection to the Cyta ebill service
2. The mobile telephone bill is settled through a bank standing order.
3. The mobile telephone bill does not have any unsettled amounts.
4. The pay monthly plan to which the Service will be charged must be active, and belong to the aforementioned company.

The complete Terms of provision of the Service are available in our website [www.cytamobile-vodafone.com](http://www.cytamobile-vodafone.com)

**Signature of Authorized Representative**

**Date**

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**Signature of Cyta Employee (employee No.)**

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