



**Eritrea Telecommunication
Corporation EriTel
CDMA Subscriber Enquiry Note**

Enquiry Note No Date

Full Name of Applicant / Person / Firm or Enterprise / Gov.office / NGO /etc

Full Name

Address

City Administration Street

Zip Code House no.

Contact person Tel.No

Requested Service Voice Fax Other
..... //

(Name & Sign. of Applicant) (Date) (Name & Sign. office Clerk) (Date)

To be filled by Technician (Installer) on Site

Confirm correct Subscriber Data

Full Name

Address

City Administration Street

Zip Code House no.

Availability of Signal **BTS** Site Sector..... Signal level

Result Possible Impossible

Site Test Carried by Name Signature Date

Confirmed by Technical unit Head Name Signature Date