Telecommunications Department



Telephone Service Application Form

personal franchistis distributed de de de de la companya del companya de la companya de la companya del companya de la company		CONTRACTOR OF THE PROPERTY OF	A CONTRACTOR OF THE PROPERTY O		water the second second
User Name					
KFUPM ID#			and the same of th		
Designation / Rank		*			
Department / Section					
Contact Telephone No					
E-Mail					
Service required					
New Line	Fax	Analog	Digital *	Bldg/House	Room
Conversion	Tel-No	Analog to Digital *		Digital to Analog *	
Shifting	Tel-No	From - Bldg/Hou	se Room	To-Bldg/House	Room
Parallel Connection	Tel-No	From -Bldg/I-lou	se Room	To-Bldg/House	Room
Cancellation	Tel-No	From - Bldg/House Room		Reason	
Justification & Remarks					
* Please justify your request in the above box					
Department Head Appro	val				
Name:	A A distributed delication of the contractives				
Designation:	and the second s		8)
Signature:	-				
Date: Department Stamp					

Please send this form to Telecommunications Department (Bldg-34) Box-5022, Fax-4099