

Directory Enquiry Information Update Form

To : CS Registration Team / Amendment Team

Date : _____

Application Number : _____ Customer Number : _____ Master Record Number : _____ (CS use only)

Company Name : _____ (English name)

_____ (Chinese name, if any)

Display Seq. No.	Add / Update / Delete (A / U / D) please circle	Directory Number	Line Type (Voice/Fax) please circle	* Display (N / U) please circle	Branch/Department ONLY (Pls do NOT fill in company name)	Building Name OR Street Name ONLY
1 (0 : 100)	(A / U / D)		V / F	(N / U)		
2 (1 : 200)	(A / U / D)		V / F	(N / U)		
3 (2 : 300)	(A / U / D)		V / F	(N / U)		
4 (3 : 400)	(A / U / D)		V / F	(N / U)		
5 (4 : 500)	(A / U / D)		V / F	(N / U)		
6 (5 : 600)	(A / U / D)		V / F	(N / U)		
7 (6 : 700)	(A / U / D)		V / F	(N / U)		

Remarks :

* Display : N = normal (telephone enquiry & directory printing needed), U = unlist (telephone enquiry only, no directory printing)

For Internal Use Only

Name & Signature of responsible CE / SA / Sales staff

Authorised Signature & Company Chop