

Star Talk Application Form

Best Value Local & International VoIP Service



Personal Information

Mr. Mrs. Ms.

First Name

Last Name

Nationality

CPR No.

CPR copy required

Contact Address

Flat / Office

House / Building

Road No / Name

Area / Block

Contact Mobile

Email Address

Service Numbers

Please enter the telephone numbers and amount for each of the numbers you would like to register with Star Talk

1. Telephone

Amount BD

2. Telephone

Amount BD

3. Telephone

Amount BD

4. Telephone

Amount BD

Total in BD

Payment Information

VISA AMEX Master Card

Card No.

Expiry Date

Name on Card

Date

Signature

For North Star Office Use	
Account ID _____	Activation Date _____
Remarks _____	

