

Selfcare Authorisation Form for Enterprise

Access rights as Super Fleet & Fleet Manager



I/We, the undersigned,.....authorise access to my.t Selfcare on my behalf as Super Fleet Manager or Fleet Manager as per below.

Please tick where appropriate*

Name of person(s)	Fleet Manager	Super Fleet Manager	Mobile Number to access selfcare

***The Super Fleet Manager(s)** shall be authorized to pay all bills, view detailed consumptions for all postpay numbers and view/download all detailed invoices (full called numbers will be displayed for all postpay numbers, services or change plan) on behalf of the company and for all billing accounts under the given customer name.

***The Fleet Manager(s)** shall be authorised to view/download all summary invoices, pay all invoices, view the overall current consumption for all billing accounts under the given customer name.

***The Fleet User** will be able to register to Selfcare online by default and can view his own current consumption, view detailed historical usage, summary bills and statement of account.

Company Details	
Company Name	
Name	
Position Held	
Email Address	
Contact No.	

TERMS & CONDITIONS

In addition to Cellplus General Terms and Conditions of Service, and Cellplus Specific Terms and Conditions related to my.t mobile Selfcare, the Customer shall be bound by the following terms and conditions:

1. Cellplus shall not be liable for any misuse of the my.t mobile Selfcare by the Fleet Manager(s)/Super Fleet Manager
2. The Customer shall be responsible to manage access to the my.t Selfcare portal and shall be required to inform Cellplus in writing at least 30 days in advance in case of any change in Super Fleet Manager/Fleet Manager(s)
3. The customer shall be responsible for any transaction done through Selfcare, such as, subscription/change in a postpay plan.

I/We hereby certify that the above information is true and correct to the best of my/our knowledge. I/We also confirm that I/We have read, understood and agreed to be bound by the above Terms & Conditions.

Name of Authorised Signatory **(in block letters)**:

.....
Signature Date Company Seal