Form:

Customer contacts
&
Service Portal Access

POST Telecom
LUXEMBOURG

Company Name

Customer Number

Contact List and Portal Access

The signature of an authorized person and the Company stamp are required:

First name/Last name	Role	Fixed phone	Mobile phone	e-mail	Preferred Language[1]	CSP access[2]	All Incidents	All Requests	All Changes	Contact 24/7

Signature & Company stamp:

_____   **On**: _____

[1] **Supported languages:** are French (FR), Luxembourgish (LU), English (EN) or German (DE). By default: French.
[2] **CSP: Customer Service Portal:** Contact (exclusively physical person) having access to the Service Portal of POST Telecom.

Other contacts (physical or services):
..All Incidents: Person or service to notify by default for all incidents
All Requests: Person or service to notify by default for all incidents or Service Requests.
All Changes: Person or service to notify by default during planned works, while applicable.
Contact 24/7: Person or service who can be contacted on 24/7 in case of an incident.

POST Telecom S.A.

Adresse postale : POST Telecom L-2996 Luxembourg / Tel 8002 4000 ou +352 2424 4000 / commercial.telecom@post.lu
Siège social : 1, rue Emile Bian L-1235 Luxembourg / RCS Luxembourg : B43290 / TVA : LU 15558109 / Autorisation d'établissement n°00116288 / 55

Confidential / version 2.1
Page 2 / 2
www.post.lu