

Vodafone Cook Islands

Vulnerable End User Form



Vodafone provides special support for vulnerable end users (VEU).

A VEU is:

- a. someone certified with a serious medical condition and access to one or more of our services is necessary for their care or treatment;
- b. someone who receives the destitute benefit; or
- c. someone who receives the infirm benefit.

The special support we provide VEUs is as follows:

- a. installation fees for new applications of fixed landline and/or broadband services are waived;
- b. a discounted landline rental plan of \$6.66 per month (call charges will apply);
- c. Medical dependency support, namely:
 - (i) priority fault response for any service needed for medical dependency;
 - (ii) no suspension or disconnection of landline service needed for medical dependency.

To apply to register as a VEU, please complete the Form below.

Personal Details:		
Surname: _____ First Name: _____ Date of Birth: ____ / ____ / ____		
Mailing Address: _____		
Village: _____		Island: _____
Vodafone Account Details:		
Customer No: _____ Phone No: _____ Mobile No: _____		

Please tick relevant answer that applies to your circumstance:

YES NO

Do you receive any of the following?		
Pension <input type="checkbox"/>	Destitute Benefit <input type="checkbox"/>	Infirm Benefit <input type="checkbox"/>
Salary/Wage <input type="checkbox"/>	Other regular income <input type="checkbox"/>	
If you receive any other regular income (eg: dividends, rental income, directors fees...) Please state here:		
Do you live with others/dependants?		
Does anyone in your household receive a salary/wage?		
Will the telephone number be used for commercial or business purposes?		
Do you have a serious medical condition and access to one or more of our services is necessary for your treatment? If you answered yes, please provide a letter of support from your doctor stating that you need our services for your treatment and why. Please identify the services that you are medically dependent on. E.g.: you need a landline to make emergency calls: Please state here:		

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Customer Signature: _____ Date: _____

Proof of Identity / Age sighted: Yes / No Passport / License #: _____

Approved/Declined by: _____ Date: _____

Processed/Actioned by: _____ Date: _____

Comments: _____