

Free Directory Enquiry (DQ) service for Accessibility customers

If you have any questions or need advice about this service, please call our helpdesk on **Freephone 1800 574 574**

- Please ensure that Parts 1 and 2 of this form are completed.
- An authorised person must complete Part 2.

Part 1 Your Details

To be filled in by the customer or someone on their behalf

1 Name (block capitals) _____

2 Address in full (block capitals) _____

3 Would you like your acceptance letter in Braille?

Yes

No

4 Would you like your acceptance letter in large print?

Yes

No

Please specify the font size that you require _____

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5 Please sign and date this form

Signature _____

Date _____

6 If you have completed this form on behalf of the customer please insert your name

Name _____

Part 2 Confirmation of Accessibility

The remainder of the form should be filled in by an authorised person.

Please complete in block capitals.

- Customers cannot certify themselves.
- A doctor, nurse, social worker, optician, or an employee of a relevant Organisation or Authority.

1) I certify that the details in Part 1 are correct and that this customer (please write customer's name below)

Name _____

should be eligible for the free directory enquiry service as he or she cannot use printed eir phonebooks due to an accessibility requirement or condition.

2) Please give medical name and details of the medical or physical condition which prevents this person from using the printed eir phonebook below:

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Part 2 Continued

3) Your name _____

Profession or job title _____

Address or official stamp _____

Official telephone number _____

Signed _____

Date _____

The completed form should be returned to:

**Freepost
Eir
eir Telephone Exchange,
11811, Wesleyville,
Tralee,
Co. Kerry.**