

Free directory enquiry service for customers with a disability

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 Disability

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 voluntary organisation, for example, the Multiple Sclerosis Society, must provide confirmation of disability.

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 eircom phonebooks due to a sensory or physical disability or medical condition.

2 Please give medical name and details of the medical or physical condition which prevents this person from using the printed eircom 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 in the enclosed eircom freepost envelope to:

**Freepost
eircom Ltd.
Operator Services (FDQ)
5th Floor
Telephone House
43-46 Marlborough Street
Dublin 1**



eircom