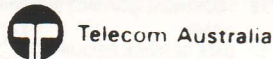


APPENDIX C
AUSTPAC APPLICATION FORM DETAILS

Telecom Australia



AUSTPAC APPLICATION FORM

Application is hereby made for provision of an Austpac service, in accordance with the following details and attached documentation.
The applicant acknowledges that the Telecommunications Act 1975 and (General) By-Laws in force from time to time will apply to the services.
The applicant acknowledges that International data calls will be carried by the Overseas Telecommunications Commission (Australian) (OTC) and the applicant hereby agrees to pay OTC for such services at its published tariffs as amended from time to time.

TELECOM AUSTRALIA	registration number
Lessee Name	Date of Birth

Signature _____ Position or Title _____ Date _____
REFER TO BACK PAGES FOR GUIDELINES (SECTION F)
Note: After completion, tear-out the top three pages, of this form (Telecom copies) and forward to one of the contact points listed on the back page of this form. Retain the remaining documentation and the "Customer copy" for your records.

1. CUSTOMER REQUIREMENTS

1.1 PLEASE INDICATE YOUR REQUIREMENTS FOR THIS APPLICATION:

NEW SERVICE REQUIRED	☒ If yes, go to section 1.2
MODIFICATION TO EXISTING SERVICE	☐ If yes, go to section 1.5
MODIFICATION TO ACCOUNT DETAILS	☐ If yes, ACCOUNT NO. _____
Enter NEW details in section 1.3	
MODIFICATION TO CONTRACT DETAILS	☐ If yes, CONTRACT NO. _____
Enter NEW details in section 1.4	
CANCELLATION OF SERVICE(S)	☐ If yes, go to section 1.6
COMMENTS (optional)	

1.2 NEW SERVICE REQUIRED

BILL TO NEW OR EXISTING ACCOUNT? ☐ NEW-complete 1.3 ☒ EXISTING-account no. _____

GROUP UNDER NEW OR EXISTING CONTRACT? ☐ NEW-complete 1.4

☒ EXISTING-CONTRACT NO. _____

Enter details of required service in the relevant sections (2 to 6).

1.3 ACCOUNT DETAILS (must be completed for new accounts)

ACCOUNT NAME: _____

ACCOUNT ADDRESS: _____

CITY: _____ PCODE: _____ STATE: _____

ACCOUNT TELEPHONE NO: _____ EXTN: _____

1.4 CONTRACT DETAILS (must be completed for new contracts)

CONTRACT NAME: _____

CONTRACT ADDRESS: _____

CITY: _____ PCODE: _____ STATE: _____

ADMIN. CONTACT NAME: _____

ADMIN. CONTACT ADDRESS: _____

CITY: _____ PCODE: _____ STATE: _____

ADMIN. CONTACT TELEPHONE NO: _____ EXTN: _____

1.5 MODIFICATION TO EXISTING SERVICE

SERVICE NO: Y2 _____ CONTRACT NO. _____

SERVICE TYPE: NUI ☐ Enter NEW requirements in section 2

CHARACTER MODE ☐ Enter NEW requirements in sections 3 and 4

PACKET MODE ☐ Enter NEW requirements in sections 3 and 5

1.6 CANCELLATION OF SERVICE(S)

Please indicate service(s) or CUG(s) to be cancelled. If insufficient space, attach list.

SERVICE NO. (or CUG INTERLOCK CODE)* _____ CONTRACT NO _____ CANCELLATION DATE _____

*For CUG cancellation, ALL terminal membership to the CUG must be relinquished.

2. NETWORK USER IDENTIFIER (NUI)

INDICATE REGION(S) FROM WHICH NUI ACCESS IS REQUIRED:

☐ NSW ☐ ACT ☐ QLD ☐ SA ☐ VIC ☐ WA ☐ TAS ☐ NT

You are not required to answer any further questions for NUI application.

3. DEDICATED ACCESS — CHARACTER OR PACKET MODE

Complete this section for ALL types of dedicated access. In addition, complete section 4 for character mode access OR section 5 for packet mode access.

3.1 EQUIPMENT NAME: CARD PHONE

3.2 TELECOM AUTHORIZATION NUMBER: TR 42

3.3 PHYSICAL INTERFACE: ☐ X 21 bis/V24/V35 or ☐ X 21 N/A

3.4 SERVICE INSTALLATION ADDRESS

BLDG	FLOOR	ROOM
ADDRESS	CITY	PCODE

Telecom copy
(Terminal State)

- 35 SITE CONTACT
NAME: TEL NO: EXT:
- 36 TECHNICAL CONTACT (if different to site contact)
NAME: TEL NO: EXT:
- 37 DATE SERVICE REQUIRED
- 38 LINE SPEED: 300, FD Bit/s
- 39 REVERSE CHARGE ACCEPTANCE YES ☒ NO ☒
- 3.10 FAST SELECT ACCEPTANCE YES ☒ NO ☒
- 3.11 OUTGOING INTERNATIONAL AND INTER-NETWORK CALLS BARRED YES ☒ NO ☒
- 3.12 CLOSED USER GROUP (CUG) MEMBERSHIP:
If yes: MEMBERSHIP REQUIRED OF: ☐ NEW CUG or ☒ EXISTING CUG
CONTRACT NO. OF CUG "OWNER": 030002700
CONTRACT NAME OF CUG "OWNER": ANZ BANKING GROUP
If existing CUG, INTERLOCK CODE: 01502
Note: If the CUG and the terminal belong to different contracts, attach a letter from the CUG "owner" authorizing membership.
LOCAL REFERENCE NUMBER (LRN): 00
INCOMING CUG CALLS BARRED: ☒ YES ☐ NO INCOMING ACCESS (from outside your CUG): ☐ YES ☒ NO
OUTGOING CUG CALLS BARRED: ☐ YES ☒ NO OUTGOING ACCESS (to outside your CUG): ☐ YES ☒ NO

4 CHARACTER MODE DEDICATED ACCESS — FURTHER DETAILS

- 4.1 PAD PROFILE NO: 12
- 4.2 LOW SPEED COMPUTER PORT (LSCP): YES ☐ NO ☒
If yes: TOTAL NO. OF LINES REQUIRED ALL LINES TO TERMINATE AT ADDRESS IN SECTION 3.4? YES ☐ NO ☐
If no, HOW MANY LINES REQUIRED AT THIS ADDRESS?
Please complete a separate form for each terminating location required.
- 4.3 DIRECT CALL: YES ☒ NO ☐
If yes, REMOTE USER SERVICE NUMBER Y 2356320000
- 4.4 ALL INCOMING CALLS BARRED: YES ☒ NO ☐
- 4.5 ALL OUTGOING CALLS BARRED: YES ☐ NO ☒

5. PACKET MODE DEDICATED ACCESS — FURTHER DETAILS

- 5.1 FRAME LEVEL PARAMETERS: WINDOW SIZE (K): TIMER VALUE (T1): ms
- 5.2 PACKET LEVEL PARAMETERS: WINDOW SIZE (W): PACKET SIZE: octets
- 5.3 DEFAULT THROUGHOUT CLASSES ASSIGNMENT: YES ☐ NO ☐
If yes, MAX. SEND SPEED: Bit/s
MAX. RECEIVE SPEED: Bit/s
- 5.4 THROUGHPUT CLASS NEGOTIATION: YES ☐ NO ☐
- 5.5 HUNT GROUP: YES ☐ NO ☐
If yes: TOTAL NO. OF LINES REQUIRED: ALL LINES TO TERMINATE AT ADDRESS IN SECTION 3.4? YES ☐ NO ☐
If no: HOW MANY LINES REQUIRED AT THIS ADDRESS?
INDICATE SEARCH ORDER FOR LINES AT THIS ADDRESS (e.g. first line = 01)
Please complete a separate form for each terminating location required.
- 5.6 LOGICAL CHANNEL REQUIREMENTS

LOGICAL CHANNEL TYPE	QUANTITY REQUIRED
PVC channels	
INCOMING SVC channels	
TWO-WAY SVC channels	
OUTGOING SVC channels	

5.7 PERMANENT VIRTUAL CIRCUIT (PVC) DETAILS

THIS TERMINAL	REMOTE TERMINAL
Logical Channel No: Note: PVC's must number consecutively commencing with 0001	Logical Channel No:
CUG No. (if applicable):	Service No: Y2
Max. Send Throughput: Bit/s	Customer Name:
Max. Receive Throughput: Bit/s	Address:
PVC Charges Billed To:	Postcode:
This End ☐ Remote End ☐	

6. CLOSED USER GROUP (CUG) CREATION (NOT MEMBERSHIP)

HOW MANY CUG's DO YOU WISH TO CREATE UNDER THIS CONTRACT?

FOR OFFICE USE ONLY

CONTRACT NO.

ACCOUNT NO.

SERVICE Y2

ONCE ONLY CHARGE

Label Amount

Telecom copy

(Terminal State)