

**INDUSTRY NUMBER MANAGEMENT SERVICES LIMITED**  
**ACN 080 344 190**

**Application for Subscription**

**SUBSCRIBER DETAILS**

Company	
Name: _____	
ABN: _____	ACN: _____
Registered Business	
Name: _____	
Registered Office	
Address: _____	
Principal Trading	
Address: _____	
Contact Person	
Name: _____	Position: _____
ph: _____	fax: _____
email: _____	
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**CSP STATUS OF APPLICANT**

<p>INMS can only allocate numbers to carriage service providers. For this reason, all applicants must complete this section:</p> <p>Do you have a telecommunications carrier's licence? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Are you a member of the Telecommunications Industry Ombudsman? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Have you ever received an allocation of numbers from ACMA or INMS? <b>Ye</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/></p> <p>Please provide a description of your CSP business: _____</p> <p>_____</p> <p>INMS will follow any guidelines issued by the ACMA when determining the applicant's CSP status. INMS may also refer this application to the ACMA for its advice or determination as to the applicant's CSP status (see acknowledgement below).</p>
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**BANK GUARANTEE**

<p>INMS requires each subscriber to provide a bank guarantee in relation to the delegated services. When deciding the amount of your bank guarantee, please keep in mind that transactions relating to delegated services over the amount of the bank guarantee will be rejected by INMS. INMS will seek payment of bank guarantee monies if the subscriber fails to make payment within 30 days of the date of issue of an INMS invoice to the subscriber. A pro forma bank guarantee is attached to this application form. The bank guarantee must be in a form substantially similar to the attached pro forma bank guarantee and accepted by INMS in writing.</p>
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**INTERACTION WITH INMS**

Please select the method of interaction you require with INMS:

XML Interface (please select the type of connection):

- Frame Relay
- ISDN

Web Browser Interface (please select the type of connection):

- Frame Relay
- ISDN
- Internet

**INMS SERVICES**

INMS provides a number of services for Freephone and Local Rate numbers (fees apply – please refer to pricing schedule). Please tick the INMS services you require:

Web Browser Interface*	XML Interface*
<input type="checkbox"/> Number Management	<input type="checkbox"/> Number Management <input type="checkbox"/> LASD Advice <input type="checkbox"/> Mirror Update Advice
*You must inform INMS in writing if your service requirements change.	

**INMS MEMBERSHIP**

Please tick the box below if your organisation would also like to become a member of INMS (an annual membership fee applies):

Yes, I would like to become a member of INMS

INMS will send you the appropriate forms.

**ACKNOWLEDGEMENT AND AUTHORITY TO SUBSCRIBE**

I hereby:

- certify that I have authority to apply for subscription to the INMS system on behalf of the abovementioned corporation; AND
- acknowledge that INMS may refer this application to the Australian Communications Authority for its advice or determination as to the CSP status of the abovementioned corporation:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note: Once completed, this application form must be hand delivered (with attachments) by an authorised representative of the subscriber to the INMS Company Secretary at:**

**INMS Level 29, Chifley Tower, 2 Chifley Square, Sydney NSW 2000  
Phone (02) 9375 2155 Fax (02) 9375 2156**

Warning – INMS subscribers should be aware of the need to enter into bilateral arrangements with other CSPs for issues not covered by the INMS system.

