



Exceptional Call Reporting

Customer details	
Registered company name	
Trading name (if different)	
Registered company address	
Registered company number	
Contact name	
Name of Account Manager	

- By signing this waiver on behalf of my company, I confirm that we do not wish to take the Exceptional Call Reporting service. I acknowledge and affirm that my company remains solely responsible for all charges incurred in accordance with your Terms & Conditions.

Customer details		
Authorised Director signature		
Print name		Date
Position		

- This agreement is subject to terms and conditions. By ticking this box, I confirm that I have received and accept the terms and conditions.

Please return your completed form to info@ifacegroup.com

Changed your mind?

If in the future you would like to opt back into this service, please contact your Account Manager.

Connecting Together.....

www.ifacecomms.com

Call us on 0800 144 88 44 or email info@ifacegroup.com for more information