



Change in Consent Form

Account Number

Customer ID card Number

Customer Name & Surname

I give my consent to GO p.l.c. to inform the customer about its offers and services

I withdraw my consent from GO p.l.c. to inform the customer about its offers and services

Customer Signature

Date

Parent/Legal Guardian Details		
_____	_____	_____
Name & Surname	ID Card Number	Signature

Kindly send this form to:
Customer Experience Section, GO plc, Fra Diegu Street, Marsa MRS 1501

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For office use only

GO Agent Name & Surname

GO Agent Signature

Action Date