



Change in Consent Form

Account No.:	Customer I.D. Card No.:	
Customer Name and Surname:		
I give my consent to GO p.l.c. to inform the customer about its offers and services <input type="checkbox"/>		
I withdraw my consent from GO p.l.c. to inform the customer about its offers and services <input type="checkbox"/>		
Customer Signature:	Date:	
Parent/ Legal Guardian Details		
Name and Surname:	I.D. Card No.:	Signature:

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

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For Official use only		
GO Agent Name and Surname:	GO Agent Signature:	Action Date: