

“CONTACT CENTER” OPERATOR

APPLICATION FORM

(نموذج طلب مشغل "مركز خدمة الزبائن")

A. APPLICANT PROFILE

1. Name of Applicant Company		
2. Registered Office Address:		
Telephone:		
Fax:		
E-mail:		Website:
3. Corporate Office Address:		
Telephone:		
Fax:		
E-mail:		Website:
4. Name of Authorized Signatory and Contact Person :		
Full address for Communication:		
Telephone No.:		
Fax:		
Email:		
Present activities of the company/ group company		

B. PRESENT PROPOSAL (Please submit one sheet for each Contact Center location)

Type of Center: International Domestic

Type of Activity: enclosed document regarding nature of proposed Center activities

1. Address of the location of proposed Contact Center					
2. No. of seats (not less than 10)					
3. Client's Details(Name, address, & nature of business)					
4. Bandwidth connectivity details from the proposed Center to the POPs at the Foreign/Local end locations. (Point of presence (POPs) are the client locations at the foreign end where the telecom traffic of the client is collected for bringing to the Lebanese end (Contact Center) on the telecom bandwidth provided by the Ministry of Telecommunications (MoT) ONLY.					
	Proposed Contact Center address details(Lebanese end address)- Same as B1 above END A	Address of the foreign end or PoP END B	Existing bandwidth, if any X	New Bandwidth connectivity/ additional connectivity requested Y	Total Bandwidth (from MoT) X+Y
5. Whether the proposed Contact Center will have Data connectivity to any data center of the client outside Lebanon? If yes, give connectivity details, addresses etc (All Bandwidth is to be provided by MoT ONLY)					
	Proposed Contact Center address details(Lebanese end address) Same as B1 above END A	Address of the foreign end or PoP END B	Existing bandwidth, if any X	New Bandwidth connectivity/ additional connectivity requested Y	Total Bandwidth (from MoT) X+Y

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6. Whether the proposed Center will be inter-connected to any other Contact Center of the company/group company? If yes, give connectivity details, addresses etc.
(All Bandwidth is to be provided by MoT ONLY)

Proposed Contact Center address details END A	Connectivity requested to the other Center of the company/ group company (Address of the location and ref.) END B	Existing bandwidth, if any X	New Bandwidth connectivity requested Y	Total Bandwidth (from MoT) X+Y

7. Whether the proposed Center will be inter-connected to any Disaster Recovery Site of the company? If yes, give connectivity details, addresses etc.

END A address details	END B address details	Existing bandwidth	New Bandwidth	Total Bandwidth

8. Whether the proposed Contact Center will have Internet connectivity? If yes, give connectivity details

Note: The company shall not take internet connection from the Lebanese authorized Internet service providers (ISP)

(All Bandwidth is to be provided by MoT ONLY)

Proposed Contact Center address details	Internet details through MoT, other end or POP	Existing bandwidth, if any	New Bandwidth connectivity/	Total Bandwidth (from Authorised Service Provider)

	END A	END B	X	additional connectivity requested Y	X+Y
<p>9. Whether the proposed Contact Center will be domestic? If yes, give connectivity details Note: The company shall not take any connection from the Lebanese authorized Data service providers (DSP) (All Bandwidth is to be provided by MoT ONLY)</p>					
	Proposed Contact Center address details END A	connection details through MoT, other end END B	Existing bandwidth, if any X	New Bandwidth connectivity/ additional connectivity requested Y	Total Bandwidth (from Authorised Service Provider) X+Y
<p>Other resources used by domestic call center such as short codes, telephone lines, please specify</p>					

Date

Place

Signature and name of the

Authorized Signatory with

Company's seal

1000 L.L stamp