



Our world. Your world.

Order Request Form

Telphony Service

Section A : THE APPLICANT DETAILS

Applicant Entity Name: _____

Address: _____

Phone No: _____ E-mail : _____

Fax No.: _____

Section B : THE CORRESPONDENT DETAILS

Correspondent Entity Name: _____

Attention.: _____

Department: _____

Phone No.: _____ E-mail : _____

Fax No.: _____

Section C : REQUEST DESCRIPTION

TYPE OF REQUEST: REQUEST AMENDMENT CANCELLATION

TYPE OF SERVICE: IDR FDM SCPC

SERVICE START: **DATE** _____

SERVICE END: **DATE** _____

TRANSMIT CARRIER DESIGNATION (S): _____

RECEIVE CARRIER DESIGNATION (S): _____

TRANSMIT EARTH STATION: _____

RECEIVE EARTH STATION (S) : **NAME**

G / T

REMARKS

* Please return this form to ARABSAT via fax to ARABSAT Operation Directorate at 966-1-483-0941.