

## PREMIUM RATE SERVICE DETAILS

You must complete a copy of this form for every premium rate service you are running or intending to run. **Please note that all information provided on this form may be shared with industry regulator Phone-paid Services Authority at their request.** You must also ensure you have registered your service with Phone-paid Services Authority by logging into your account on their website (<http://www.psauthority.org.uk>) and visiting the "Number Checker" section.

### SECTION 1 – PREMIUM RATE NUMBER

Enter the number(s) on which this service operates.

PREMIUM RATE NUMBER(S)	
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### SECTION 2 – SERVICE DESCRIPTION

Please provide the category of your service (e.g. technical support, competition line, live chat service etc) and a detailed description. You must also state the call cost (per minute) and the maximum call duration. The information specified here must be consistent with the description of this service you give to Phone-paid Services Authority.

SERVICE CATEGORY	
DETAILED DESCRIPTION  <i>Please continue on a separate sheet if this box is not large enough.</i>	
CALL COST (PENCE PER MINUTE)	
MAXIMUM CALL DURATION	



## SECTION 5 – PHONE-PAID SERVICES AUTHORITY SERVICE REGISTRATION

It is required that all services and their associated premium rate numbers be registered via the Phone-paid Services Authority website.

As part of the service registration process you should declare **Barritel Ltd** to be the "Fixed Line Network Operator" of your service.

Tick the box below to indicate that the service described in this form has already been registered with Phone-paid Services Authority. This must be done before Barritel will activate your numbers.

## SECTION 6 – SIGNATURE

This form must be signed by either the person responsible for day-to-day running of premium rate services, or the director with primary responsibility, as declared in your Service Provider Checklist form.

**I declare that the service described in this form shall be run in accordance with the Phone-paid Services Authority Code of Practice (14th edition) and am aware of my responsibilities obligations under that Code.**

SIGNATURE	
DATE	
PRINT NAME	
POSITION	

Ensure you have completed all sections of this form, then either scan and return to us via email to [premiumrate@barritel.com](mailto:premiumrate@barritel.com), or post to the following address:

Barritel Ltd  
 Building Three  
 Riverside Way  
 Camberley  
 Surrey  
 GU15 3YL