



Application for Residential Directory Assistance charging exemption

Directory Assistance looks up New Zealand phone numbers for you when you call 018. There is a charge for this service each time you use it.

If someone in your household has a physical disability or visual impairment that makes using White pages (online or printed book) difficult, you can apply for an exemption from the usual per call charges.

If approved, the exemption will apply to calls made to 018 Directory Assistance from your residential landline. A monthly cost of \$1.28 including GST will be charged to your Spark account to receive this exemption.

Who may complete this application?

Complete this form to apply for an exemption to the usual Directory Assistance charging if someone in your household has a physical disability or visual impairment that prevents them from using either the White Pages phone book or internet White pages. You'll need to be the Spark account holder or have been given authority on the Spark account by the account holder.

The application must also be signed by the General Practitioner of the person with the disability or impairment, or by a relevant disability support agency.

What are the criteria to apply for exemption?

The person in your household with the disability must:

- Be 14 years of age or over.
- Have significant difficulty reading the internet White pages, reading or using the White pages phone book.
- Ordinarily reside with the Spark account holder who is making this application.

Enter the name of the person with the physical disability or visual impairment below:

Section A - Details of the Spark account to receive the Directory Assistance charging exemption

Home phone number:
Spark account name:
Billing address: _____ (Street number) _____ (Street name) _____ (Town/City) _____ (Postcode)
Account holder's signature: (Or person with account authority)
Name of signatory above: (Please print)

Section B - General Practitioner or disability support agency supporting this application

I, the undersigned, recommend that the applicant is granted an exemption from Spark's Directory Assistance per-call charges, as they meet the criteria for exemption outlined above. I confirm that I have explained the nature of this form to the applicant who understands the content.
Full name:
Title:
Agency/Clinic:
Contact phone number: ()

Address:

(PO Box/Private Bag)

(Town/City)

(Postcode)

Signature:

(Add agency stamp if available)

Section C - Account holder or account authority declaration

I confirm that all the information in this form is correct. I understand that there is a monthly charge of \$1.28 including GST while this is in place, which will provide an exemption from Directory Assistance per-call charges (excluding the Direct Connect service) on my residential landline.

Account holder's signature:

(Or person with account authority)

Name of signatory above:

(Please print)

Date:

Send us your completed application

Once you've completed this form, either:

- Email this form to SparkSupport@spark.co.nz
- Mail it to us at the follow address. No stamp is required.

**Freepost 10053
Directory Assistance Applications
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