

no name™ mobile Accessibility Services Application Form

At no name™ mobile, we're working hard to make our services more accessible. Details about accessibility products and services can be found at nonamemobile.ca/accessibility.

In order to register as having an accessibility need:

1. Complete **Section One** and **Section Three** of the form.
2. Please have your licensed health practitioner or representative of an organization that can attest to your accessibility need complete **Section Two** of the form below.
3. Submit all pages of this document to the Accessibility Services Centre (ASC), using the instructions at the bottom of this document.

When your completed form has been processed, we will contact you to confirm your registration and advise you of services you qualify for. no name™ mobile reserves the right to determine eligibility for accessibility discounts and/or accessibility services upon receipt of this application form.

Section One: Applicant Info

Please note that the applicant must be the account holder or authorized user.

Name of Applicant: _____

Email Address: _____

Street Address: _____

Province : _____ Postal Code: _____

Phone Number : _____

As part of your onboarding with the Accessibility Services Centre (ASC), you will receive free directory assistance calls to 411 (If you are over the age of 65, you are not required to complete this form in order to receive the 411 Directory Assistance Exemption). Eligible customers will receive additional data as soon as the offer is applied; offers are applied within two months from the date of submitting the completed application. The total bonus is applied, regardless of the date of application during a monthly plan cycle.

Note: Verification does not require disclosure of a specific diagnosis, only verification of a disability is required. Consent to collect, store and use your personal information must be provided (see below). If you have questions, please check with the Accessibility Services Centre (ASC).

Section Two: Licensed Health Practitioner or Organization Representative

This section is for licensed health practitioners or organization representatives who can attest to an individual's disability status. Please complete this section based on your scope of practice and knowledge of the patient/client. When you have completed this section, please return it to your patient/client.

Disability Status

I confirm that (name of patient/client) _____ has a disability based on a diagnosed condition.

This person's disability is (check one):

Permanent Temporary

If temporary is selected above, indicate the expected duration of temporary disability

[no name™ mobile reserves the right to discontinue accessibility credits to a customer's account(s) when the customer is no longer impacted by disability]

Licensed health practitioner or organization representative office information:

Date completed by practitioner or organization representative (mm/dd/yyyy): _____

Practitioner or organization representative name (please print): _____

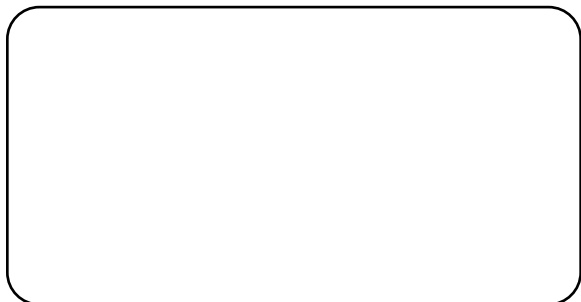
Practitioner or organization representative signature: _____

Name of organization: _____

Office address and telephone number: _____

License no. of practitioner (if applicable): _____

Office stamp if applicable:



Section Three: Consent and Authorization (customer)

Consent for Release of Information:

I (print or type name): _____ hereby authorize the BCE group of companies to collect, use, disclose, and store the information on this form, or the information shared by another means (for example, telephone, email/electronically, TTY, VRS, IP Relay) to determine my eligibility for accessibility plans and discounts and to better serve me in accordance with no name™ mobile's Privacy Policy at nonamemobile.ca/privacy.

I (print or type name): _____ certify that the above information is correct, and give permission for my licensed health practitioner(s) or organization representative to provide BCE with this information in order to determine my eligibility for accessibility plans and discounts and to better serve me in accordance with no name™ mobile's Privacy Policy at nonamemobile.ca/privacy.

Signature: _____

How to Submit this Form:

The completed form may be submitted to the Accessibility Services Centre using either of the following methods:

1. **Email:** accessible@nonamemobile.ca

2. **By Mail:**

Accessibility Services Centre
P.O. Box 8787
Downtown Station
Montréal, Québec
H3C 4R5

If you have not heard from us in **7 business days** please email or call us at:

Email: accessible@nonamemobile.ca

Telephone: 1-800-268-9243

TTY: 1-800-268-9242