

Rogers Connected for Success Application Form

Please fill out this form to confirm your eligibility for the Rogers Connected for Success program and submit it along with your proof of assistance.

To protect your privacy, if applicable, please ensure you remove your Social Insurance Number (SIN) or Old Age Security (OAS) number from your documents before mailing. Please ensure that your name, address and details are clearly visible.

First name _____

Last name _____

Email _____

Phone number _____

Extention (Optional) _____

Existing account number (if applicable) _____

Your account number is a 9-12-digit number that you can find on your bill or by logging in to your online account.

Street address _____

Apt./Unit/Suite no. (optional) _____

City _____

Province _____

Postal code _____

Please identify which products you are interested in:

- Ignite Internet
- Ignite Internet and TV bundles
- Mobile phone plans

Add an authorized user (optional)

If you're designating a third party or family member to assist with account setup and maintenance, please fill out this section to add them as an authorized user on your account. An authorized user is allowed to make changes to your Rogers account, but not cancel your service. You can withdraw this authorization at any time by contacting us.

By proceeding with this application, I confirm that I am the person named in the application and am providing consent for the authorized contact/organization named below to activate my account on my behalf.

Authorized contact's name _____

Authorized organization (if applicable) _____

Authorized contact phone number _____

Extention (Optional) _____

Signature of acknowledgment _____

Is there any additional information that you think would be helpful for us to know before reaching out to you?

Additional comments (optional)
