

# Registration Form



Serial Number

Mr  Mrs  Ms

\* Surname:

\* Other Name(s):

\* Address

Village / Town

\* ID No / Passport No:

Nationality:

\* Date of Birth

Contact Number

Email:

Date of Purchase

\* Mandatory fields

Number(s) to be registered:	Emtel Cash (Tick)	Emtel Cash (Tick)
1 _____	<input type="checkbox"/>	5 _____ <input type="checkbox"/>
2 _____	<input type="checkbox"/>	6 _____ <input type="checkbox"/>
3 _____	<input type="checkbox"/>	7 _____ <input type="checkbox"/>
4 _____	<input type="checkbox"/>	8 _____ <input type="checkbox"/>

Mobile

Airbox

I hereby certify that the information provided above is true and confirm having read and understood the Terms and Conditions of this service, which is available at [www.emtel.com](http://www.emtel.com) and agree to be bound by the said Terms and Conditions.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

### Important notice

- Guardian should fill in the form on behalf of minors and number shall be deemed to belong to the guardian.
- Any incorrectly filled or incomplete form shall not be accepted and Emtel shall not be liable for any error or omission made while this form is being filled.

### For Office use

I, dealer/showroom staff, hereby certify that I have checked, understood and agreed to all the information above and found them to be accurate and complete.

Dealer Code

Showroom Location

Name \_\_\_\_\_

Authorised Signature \_\_\_\_\_

Date \_\_\_\_\_