Silulumanzi

Customer Services

Application For a New Account

FORM : CS 01
Ref no: 21,007,030

Please complete this form and return it to the Billing Department.

For Individuals (Residential)

Surname: _____ Title: _____

First names: _____

I.D. number: _____

Tax number: _____

Phone numbers: home: _____

work : _____

Fax number : _____

E-mail number: _____

Present employer: _____

Employer tel. number: _____

Department code: _____

Attachments : a) Copy of Identity Document

For Companies (Non - Residential)

Company Name: _____

Registration number: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Applicant name : _____

Applicant telephone: _____

Business details : Please describe the Type of Business and provide a brief outline of the processes

_____

Attachments : a) Copy of Certificate of Incorporation
b) Documents naming Company Directors

Group account and other details

Part of Group account (YES/NO): _____

Group Account Number : _____

Payment by group account (YES/NO): _____

Attachments : a) Authorised letter by Group Account holder (if applicable)

Address :

Postal :

_____

_____

_____

_____

Physical :

_____

_____

_____

_____

Do not forget to sign and date the form in the space provided

Date	Applicant signature	Company stamp (if applicable)

For office use only

Billing group: _____

Account number: _____

Authorisation: _____

Date: _____

By: _____