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REGISTRATION FORM

BUILDING NAME		
BUILDING ADDRESS		
Contact Details Of Client:	Name:	
	Phone Number:	
	E-mail Address:	
	Address:	
Banking Details Of Client:	Account Holder:	
	Bank:	
	Account Number:	
	Account Type:	
	Branch Code:	
METERS		
Manufacturer/Type:		
Number of Meters:		
Base Tariff Requested:		
Installation Date Targeted:		
SIGNED		
Name:		
Designation:		
Date:		
FOR OFFICE USE ONLY		
Capture By:		
Signature:		
Date:		