

SMART PREPAID e-WALLET APPLICATION FORM

IMPORTANT: Proof of identification / business registration / power of attorney must accompany this application

****All fields must be completed in PRINT****

Title: MR. MRS. MS.

| Personal Details | |
|--|------|
| Applicant or Business Name: | |
| Applicant's ID or Business Reg.No: **Attach copy** | |
| If a business - VAT No.: | |
| Elected street address: | |
| Residential/ Business Address | |
| Complex or Building Name: | |
| Unit No / Shop No: | |
| Switch on date: | |
| Street Address: | |
| Postal Address: | Code |
| Cell Phone No: **Of person responsible for payments / pre-paid management** Notification will be sent to this no. | |
| Work Tel No: | |
| Home Tel No: | |
| E-mail Address: | |

NB: If no e-mail address is supplied, accounts / statements will be posted or hand delivered at an additional cost

| Next of kin - Not living with you | |
|-----------------------------------|--|
| Name and Surname: | |
| Street Address: | |
| Contact No: | |