

EFD CLIENT INFORMATION FORM

Request Date: _____

Quantity of Devices: _____

Please Supply to me the following device:

ETR

ESD

VFD

My Details are as below:

1. Business Name: _____

2. Business Address: P. O. Box: _____

Telephone: _____

3. Business TIN: _____ VRN: _____

4. Business Type: _____

5. Business Location: Building: _____

Floor Number: _____

Room Number: _____

Plot Number: _____

Area: _____

District: _____

Region: _____

6. Contact Person: Name: _____

Job Position: _____

Phone Number: _____

Email: _____

7. Attach the following:

TIN Certificate

Certificate Of
Incorporation

Business License

Contact Person ID

For Client:

Name: _____

Signature: _____

For SoftNet Technologies Limited:

Name: _____

Signature: _____

THIS IS NOT A PAYMENT RECEIPT! MAKE SURE YOU ARE GIVEN A RECEIPT FOR ANY PAYMENTS YOU MAKE!
FOR OUR REGIONAL OFFICES, ALL PAYMENTS MUST BE DEPOSITED IN OUR NMB BANK ACCOUNT ONLY
PAY TO: SOFTNET TECHNOLOGIES LIMITED. NMB BANK PLC, ACCOUNT NUMBER 24710013208