

**MTN Nigeria Communications Limited RC 395,010**

PC 30 Afribank Street Victoria Island Lagos Nigeria.

Billing Unit, Customer Relations Department

Tel: 0803 902 1834 Fax 0803 902 9611 Email: customercare@mtnnigeria.net Website: www.mtnonline.com

VAT Number: VIV/10002395010 Income Tax File Reference Number: LC 10 NCR 395010



No 0582383

**Customer Agreement Form**

Account Number or Existing MTN Account Number

Package

**Customer Details**

Title Mr. ☒ Mrs. ☐ Miss ☐  
Surname **ZAFI**  
Other Names **PAUL MSHELBWALA**  
Date of Birth **26TH MAY, 1961** Nationality **NIGERIAN**

**Residential Address**

House No **FSTC KAFANCHAN**  
Street Name **KAGORO ROAD, KAFANCHAN**  
City / Town **KAFANCHAN**  
State **KADUNA**  
Home Landline **08065665289**  
Personal e-mail address **zafielectrocom@yahoo.com**

**Billing Address (if different from Residential Address)**

House No / Office Name  
Street Name  
City / Town  
State  
Work Telephone  
E-mail

**Corporate / SME Details**

Company Name **FSTC KAFANCHAN** C Registration No.  
Type of Industry/ sector **EDUCATION** VAT Reg No.  
No of Employees: 5-9 ☐ 10-50 ☒ 50-100 ☐ 100 or more ☐

**Registered Address**

Street Name **KAGORO ROAD**  
City/Town **KAFANCHAN**  
State **KADUNA**  
Work Tel. **08065665289**  
Fax No:  
E-mail **zafielectrocom@yahoo.com**

**Billing Address (if different from Registered Address)**

Company Name  
Street Name  
City / Town  
State  
Work Telephone  
E-mail

**Contact details of Account Manager**

Name **ZAFI PAUL MSHELBWALA**  
Tele No. **08065665289** Fax No.  
ID No.  
E-mail Address **zafielectrocom@yahoo.com**

**Multiple Application**No of Sims ☐REQUEST FOR UNSECURED CREDIT ☐**Payment Option**Cash ☐ Cheque ☐ Direct Debit ☐  
E-Payment ☐**Document Attached**Prof of ID ☐  
ID of account Administrator ☐Utility bill ☒Letter of Authority ☐Last 3 months Bank statement ☐**Bill Delivery Option**E-mail ☐ Courier ☐**VALUE ADDED SERVICES**E-Care ☐ Roaming ☐ Fax and Data ☐ MTN Directory Enquiries ☐ Itemised Billing ☐ Others (specify)**DECLARATION**

I / we have read, understand and agree to be bound by the terms and conditions printed overleaf and declare that the information given is true and correct.

Customers Name **zafielectrocom@yahoo.com**  
Signature Date **12/4/23**

Company Stamp

**MTN NIGERIA / DEALER USE ONLY**

Dealer Name Sales Persons Name  
Dealer /Connect Store Code Service centre location  
Signature & Date Signature & Date





SIGNATURE CARD

MTN Regional Office  
4 Aromire Road, Ikoyi  
Lagos.

MTN NIGERIA COMMUNICATIONS LIMITED

Client Name: FESTC KAFANCHAN IDEAS PROJECT

Account Number:

Full Address: KAGORO ROAD, KAFANCHAN

Date:

Sales Person: \_\_\_\_\_  
Code: \_\_\_\_\_

Contact Number  
Fax Number:

1<sup>st</sup> Signatory

Affix Photograph  
Here  
(PHOTO)



Name: ZAFI PAUL MSHEBWALA

3<sup>rd</sup> Signatory

Affix Photograph  
Here  
(PHOTO)



Name: DOGARI TINATH SHEHU

2<sup>nd</sup> Signatory

Affix Photograph  
Here  
(PHOTO)

Name

4<sup>th</sup> Signatory

Affix Photograph  
Here  
(PHOTO)

Name