

Client Agreement Form

Name of the organization: Wisdom computer technologies.

Organization registration number: R/INS/00625

Postal address: 234, Main Street, Balangoda

Project title/description:

Web Based Stock Management and Computer Repair
Service Management System for Wisdom Computer
Technologies

Student's name with initials: M.B. Prasad

BIT registration number: R170262

Hereby we agreed to provide necessary information and support to the above student to carry out an information system development project for our organization during this year.

(A top-management member of the organization)

*Signature: [Signature]

Name: W.A.H.N. Channasekara

Designation: Manager

Contact number (Office): 0717462462 Contact Number (mobile): 0714941234

e-mail address: wiscomtec@gmail.com

Date: 05/12/2021
**Wisdom**
Computer Technologies
Official Seal: 234, Main street, Balangoda.
Tel : 045-2286410 / 072-2831409
wiscomtec@gmail.com
WiscomTec

(A top-management member or an employee of the organization)

*Signature: [Signature]

Date: 05/12/2021

Name: A.M. Ishara Harshana Abeysekera Official Seal:

Designation: Technician

Contact number (Office): 0775221451 Contact Number (mobile):

e-mail address: ishara.harshana91@gmail.com

*Client should not be a close relative or a family member of the student.

*Upon successful completion of project the client should be able to issue a letter certifying the suitability of the developed software for the organization.