



EVD RESELLER REGISTRATION FORM

Section 1: Customer Details

Name:	Registration Date: ____/____/20__
Address:	Contact Number:
	Email: (if any)

Section 2: Customer Identification

Please present any of one of the following. Tick below

Driver's License License #: <input style="width: 50px;" type="checkbox"/>	Student ID ID #: <input style="width: 50px;" type="checkbox"/>	Employment/Work ID ID #: <input style="width: 50px;" type="checkbox"/>
Nasfund ID ID #: <input style="width: 50px;" type="checkbox"/>	Nambawan Super ID ID #: <input style="width: 50px;" type="checkbox"/>	Other ID ID #: <input style="width: 50px;" type="checkbox"/>

Section 3: Purchasing Details

Resale Location:	Amount: K _____
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Section 4: Customer Marketing Feedback

How did you hear about becoming a reseller? (Please Tick)

Newspaper <input style="width: 40px;" type="checkbox"/>	Billboards <input style="width: 40px;" type="checkbox"/>	Facebook <input style="width: 40px;" type="checkbox"/>	Flyers <input style="width: 40px;" type="checkbox"/>
Friends/Wantoks <input style="width: 40px;" type="checkbox"/>	SMS Broadcast <input style="width: 40px;" type="checkbox"/>	Radio <input style="width: 40px;" type="checkbox"/>	Posters <input style="width: 40px;" type="checkbox"/>

Name:	Signature	Date: ____/____/20__
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OFFICE USE

Bmobile-Vodafone Representative:	Bmobile-Vodafone Number: (for EVD Use)
Signature:	Date: ____/____/20__
Receipt Number:	Merchant #:

You are confirming having received the full amount stated in this document and transferred the purchased amount to the Bmobile-Vodafone mobile number nominated in this document (reseller). You have provided the reseller with all products and services associated to this purchase.

Please tick as confirmation

Account Created	Customer Tick as proof of receipt	Customer Signature
<input style="width: 40px; height: 20px;" type="checkbox"/>	<input type="checkbox"/> Merchant Number	
	<input type="checkbox"/> PIN Number	
	<input type="checkbox"/> EVD Top Up received	