



Certificate of Installation

" Public Transport Managed at a Click"

Tracker

Dealers Name: _____

Date of installation: _____

Client Name: _____ **Vehicle Type:** _____

Vehicle Capacity: _____ **Owner's Mobile:** _____

(Owner's preferred No for vehicle alerts)

Vehicle Reg: _____ **Device Reg:** _____

Fleet No: _____

(If available)

Username: _____

Password: _____

(The Password will be sent via SMS to the user in confidence)

Active Tracking from: _____ **To:** _____

Signed: _____

Date: _____



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