

## CUSTOMER REGISTRATION FORM

TS-STIS F01  
Rev. 02 / 01-14-19

\_\_\_\_\_  
Date

No.	Name	Agency	Senior Citizen (Y/N)	Sex (M/F)	<u>Address:</u> Barangay/ Municipality/ City	Specific Inquiry	Signature	Time-in	Time-out
1									
2									
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9									
10									

Attested by:

Noted by:

\_\_\_\_\_  
STIS Staff

\_\_\_\_\_  
Unit Manager, STIS