

CUSTOMER SERVICE PORTAL - USER ACCESS FORM

Complete this form in full. All signatures must be **handwritten**.

Client Organization: _____

USER DETAILS

First Name

Surname

Other Names (Optional)

National ID

Phone Number

Email Address

USER ROLES

☐


Raise a Ticket

☐

Approve as Client CAB

USER SIGNATURE

By signing this form, I confirm that the information provided above is accurate, and I agree to abide by the [terms and conditions](#) of the **Customer Service Portal**.


Signature

Date

SIGN OFFS

CLIENT ORGANIZATION

SKY WORLD LIMITED

Full Name & Title

Full Name & Title

Signature

Date

Signature

Date

Full Name & Title

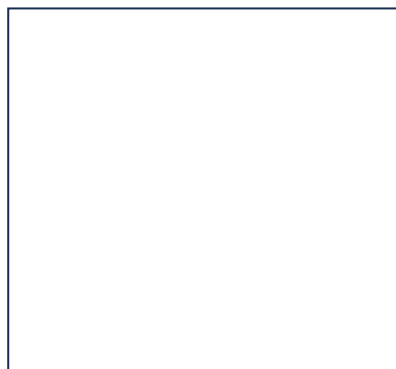
Full Name & Title

Signature

Date

Signature

Date



CLIENT ORGANIZATION STAMP



SKY WORLD LTD STAMP