

## 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** \_\_\_\_\_

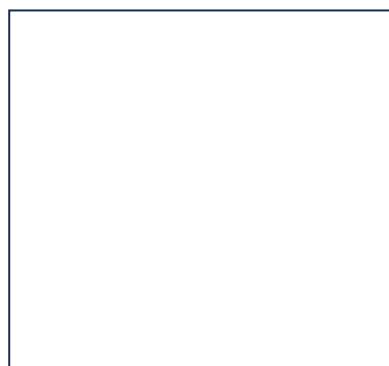
Full Name & Title \_\_\_\_\_      Full Name & Title \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_      Signature \_\_\_\_\_      Date \_\_\_\_\_

Full Name & Title \_\_\_\_\_      Full Name & Title \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_      Signature \_\_\_\_\_      Date \_\_\_\_\_

**CLIENT ORGANIZATION STAMP**



**SKY WORLD LTD STAMP**

