

EVD Reseller registration form

Section 1: Customer Details

Name:	_____
Address:	_____
Residential:	_____
Contact number:	_____
Registration date:	___/___/___
Email: (required)	_____

Section 2: Customer Identification

Please present one of the following type of identifications. (Tick below)

Driver's license	<input type="checkbox"/>	License number	<input style="width: 95%;" type="text"/>
Employment/Work ID	<input type="checkbox"/>	ID number	<input style="width: 95%;" type="text"/>
Student ID	<input type="checkbox"/>	ID number	<input style="width: 95%;" type="text"/>
Nasfund ID	<input type="checkbox"/>	ID number	<input style="width: 95%;" type="text"/>
Nambawan Super	<input type="checkbox"/>	ID number	<input style="width: 95%;" type="text"/>
Other ID	<input type="checkbox"/>	Name & ID number	<input style="width: 95%;" type="text"/>

Section 3: Purchasing Details

Resale location: <input style="width: 95%;" type="text"/>	Weekly amount: <input style="width: 95%;" type="text" value="K"/>
	(K150 Minimum)

Section 4: Customer Marketing Feedback

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

Newspapers <input type="checkbox"/>	Billboards <input type="checkbox"/>	Facebook <input type="checkbox"/>	Leaflets <input type="checkbox"/>
Friends/Wantoks <input type="checkbox"/>	SMS Broadcast <input type="checkbox"/>	Radio <input type="checkbox"/>	Posters <input type="checkbox"/>

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Full name	Signature	

OFFICIAL USE

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Bmobile representative	Bmobile number (for EVD use)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Receipt number	Merchant number	Signature

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

ACCOUNT EXECUTIVE TICK AS PROOF OF RECEIPT (Please tick as confirmation)

<input type="checkbox"/> Account created	<input type="checkbox"/> Pin number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		Account Executive	Date
<input type="checkbox"/> Merchant number	<input type="checkbox"/> EVD top up received	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		Sales Manager	Date