

FUTURE LICENCE REQUEST

New

Renewal

Name Change

Site Name*: _____

Number of Tills*: _____

Site Address*: _____

Contact: _____

Email: _____

Phone: _____ Fax: _____

Other Details: _____

Your PO*: _____
(If New or Name Change selected)

Current Serial Number*: _____
(If Renewal selected)

Dealers Name*: _____

Ordered by*: _____

Email/Fax to be returned*: _____

Phone: _____ Mobile: _____

Office Details:

Invoice No: _____ Date Paid: _____

License Number: _____ Date returned: _____

*** DENOTES REQUIRED FIELDS
REGISTRATION WILL NOT BE PROCESSED IF INCOMPLETE**