



SITE ACCESS USER REGISTRATION FORM

Please complete this form in block letters

Submit via email to:

thoko@marutowers.co.za

NOC No: **071 163 7641/ 087 069 6275**

1. PERSONAL INFORMATION

Full Names: _____ Surname: _____

I.D No: _____ Cell No: _____

Email: _____ Work No: _____

Address: _____

2. MOBILE NETWORK OPERATOR

Company Name: _____

3. CONTRACTOR INFORMATION (IF APPLICABLE)

Company Name: _____

Contact Information: _____

Company Address: _____

4. IDENTIFICATION DOCUMENTS

Copy of I.D

Copy of Driver's License

Confirmation of Employment

I..... hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage my user registration application will be declined.

Signed at _____ on this day _____ of _____ 2021.