

Password Reset Request Form

customer code:		
Surname :	Name:	
e-Mail Address where new custor	mer password must be emailed to: Tel Number:	***************************************
Cell Phone :	Tel Number:	
ID number :		
Physical Address:		***********
and the second s		
	Postal Code:	
Postal Address:		
e de la companya de l	Postal Code:	
	rd be reset for the following reason:	
/_		<u> </u>
The following documents are atta	iched:	f garage
Certified ID document of custome	er code holder	
(Certification not older than 3 mo	onths) - date of certification must be readable)	
Any previous customer codes? Y	es / No	
List all customer codes previously	used by customer :	
	indicate code that must be active:	<u> </u>
Code to be de-activated :		
Amount of Money (Balance) in ac	count that need to be de-activated?	
If Company Secretary resigned an	d new Company Secretary appointed, the following	g is required:
ID Copy of new Company	Secretary	
ID Copy or Resignation Le	tter of Previous Company Secretary	
_	resignation of previous customer code holder, indic not to individual, signed by one of the active Direc	
I hereby undertake to sign in to the latest updated information.	ne customer code within 24 hours of receiving the	code and update my profile to
Signature of owner of customer	rode Date	