



Equal Informatix Company

Web Based SMS Gateway Provider

Registration Form

Personal Business

Date:/...../.....

1. User Individual/Company's Name :

2. User Name (In case of company):

3. Date of Birth:/...../..... Gender: Male Female Occupation: Nationality:

4. Address:

5. Contact No: Tel: Mobile: E-mail:

6. Father's Name: Mother's Name:

7. Second Contact- Name & Address :

..... Mobile / Tel No:

8. Attached Identity document: Photos National ID Card Passport Business License Driving License Others

9. National ID Card No:

Account Information:

Client ID: Sender ID: Customizable Sender

Billing System: Pre-paid Package :

Registration Fees: Sender ID Charge: Local International

____ NB:

1. The applicant must complete all points of this form and incomplete form is unacceptable.
2. For paragraph 8, original ID to be presented in front of the seller and attested photocopy of the same to be submitted.
3. Sender ID cannot exceed 11 characters.
4. Equal Informatix Company. preserves the right to disclose any account without prior notice. (Please see the Terms and Conditions)
5. Please keep the Copy of this form for future assistance.
6. Fair Uses Policy is applicable.

Agent/ Representative/Authorized Seller I have personally verified the attached photograph and identify the applicant. Sign with Seal: _____

Date: _____
Name and Address: _____

User I hereby declare that the information given above is Correct. In case of any false information, I shall be liable to appropriate legal action.

Sign: _____
Date: _____
Seal (If Company) _____

Office Use Only

User ID:
Package Detail: Local International
Billing E-mail ID:
Authorized Representative's Name:

Sender ID:
Package Value:
Mobile No:
Agent Code:

Approved by: _____

Approved As: _____

Private and Confidential

Equal Informatix Company

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