

# ITS Activation Form

Date: \_\_\_\_\_

|                 |                   |  |
|-----------------|-------------------|--|
| Client Name:    | <b>First Name</b> |  |
|                 | <b>Last Name</b>  |  |
| Client Code:    |                   |  |
| BO ID:          |                   |  |
| E-mail ID:      |                   |  |
| Cell /Phone No: |                   |  |
| Branch Name:    |                   |  |
| Exchange        |                   |  |

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**Client Signature**

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**Signature Verify**

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**Branch In charge Signature**