

Send sms **REG*VEN*SHOP NAME** to 096 2090 1212 from your register mobile number

Account Owner	<u>Details:</u>						Re	g. Date:
Complete name	•							
Mobile Number							Send A	CCEPT SMS from this Number
Gender (M/F)		□м□F	OB (DD	DB (DD-MM-YYYY):				
Qualification		□ < 10 th □10+2 □Diploma □UG □				□PG	□Other	
Profile:		☐ Self Employed ☐ Employee ☐ Employer						
Business / Orgar	nization Deta	nils:						
Org. Full Name								
Name of Org. in	Outgoing S	MS: (20 Char Ma	x)					
Outgoing SMS I	Phone#							
Contact Person								
Email (If Any)								
Business Nature	e:							
Communication	Address:							
T								
Pin Code:	Γ	Long	itude &	Latitud	de:			1
Working Hrs:						Weekly	Off:	
App. Process: St	taff ID & Date	e	accept	the Ter	ms 8	Condition	ons of h	nttps://www.ShortReminders.com
							Seal, S	ignature of Customer
For Office Use (Received Date:						
Receiving Emp. (ID - Name – Mob Number) Paid for: OSMS Credit Offline Support Amount Paid:							# CMC Cradity	
Paid for:					unt P	alu:		# SMS Credit:
Ack:	T							T
Register Date	Receiving I	Emp. (ID - Name – Mob Numb			mber) Paid A		nt	Service Offering