

ETC A/C No:

FORM – ETC001

Version 1.4

ETC CUSTOMER SERVICE APPLICATION FORM

1. Customer's Information

Customer or Company Name: _____

Business Registration No: _____ (If a company)

Customer's NIC No/Passport No: _____

Customer's Driving License No: _____

Contact Tel: _____ Mobile: _____ Fax: _____

Email: _____

Resident/Business Address: _____ Postal Code: _____

Existing Customer: Yes No Number of ETC vehicles in Customer's name: _____

If Yes ETC Account Numbers: _____

Would you like to receive marketing updates: Yes No

2. Vehicle Information

Registration Plate No.		License Plate Color	
Vehicle Brand		Model	
Body Type		Body Color	
Number of wheels		Number of seats	
Number of axles		Axle Distance	
Engine Number		Unusual Characteristics	

Does the vehicle windshield have an anti-glare film: Yes No

3. Payment Options

- Payment Type: Direct Debit – *Applicants need to complete Direct Debit Authorization Form supplied by BOC.*
- Internet Banking
- Cash at Bank Counters

4. Top – Up Alerts

SMS Alerts: Yes No *(Free of Charge)*

If Yes,

Mobile TP No: _____

5. Declaration

I the undersigned hereby acknowledge that I understand and agree to abide by and comply fully with the Terms and Conditions of the ETC Customer Service Agreement and hereby certify to the information I have provided herein to be accurate and true, and I understand and accept that I may be criminally prosecuted for providing false information. I acknowledge that RDA shall not be liable for any damage caused as a result of attaching the E-tag to the vehicle windshield,

(To be completed in front of Customer Service Centre Representative)

I _____ declare that the above contents are accurate and correct.

Customer sign: _____ Date : _____ (dd/mm/yyyy):

(OFFICE USE ONLY)

Customer Care Center Supervisor’s Signature:

Outlets(seal):

(FOR OFFICE USE ONLY – TO BE COMPLETED BY VEHICLE INSPECTOR)

Vehicle type	<input type="checkbox"/> Category1 <input type="checkbox"/> Category2 <input type="checkbox"/> Category3 <input type="checkbox"/> Category4		
Information checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-Tag installed and Vehicle Photographed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspector’s Name		Inspector’s Signature	