ALTECH AUTOPAGE CELLULAR

Getting it right for you. All Ways!

CHANGE OF ADDRESS DETAILS

Please include the following when returning this completed form:

- Copy of ID

CUSTOMER NAME:		
ID NUMBER:		
CELL NUMBER:		
EMAIL ADDRESS:		
CONTACT NUMBER:	(H)	(W)

CHANGE OF ADDRESS

Street name & number:	
Complex/Place name:	
Suburb:	
City:	
Postal Address	
Postal Code:	

I, the authorised signatory of the contract, accept the changes for my cellular account as noted above and further declare that Autopage will not be held liable for any incorrect information supplied by myself.

NAME _____ SIGNATURE _____ DATE _____