



# TECHNICAL CONSULTANCY FORM

Application Date: \_\_\_\_\_.

Company Name: \_\_\_\_\_.

Citizen ID/Passport/Trade License No \_\_\_\_\_.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Location: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Contact Tel.No: \_\_\_\_\_.

Contact e-mail (if any): \_\_\_\_\_.

## Technical Consultancy Details

Username : \_\_\_\_\_.

Please indicate the problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you like it rectified \_\_\_\_\_

Charge per man hour or part thereof	Nu 100/=
Numbers of Man hours	
Total Payable	

*The problem has been resolved to my satisfaction.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## To be filled in by DrukNet staff

User ID# _____.	
Attended By: _____.	Billing By: _____.
Date : _____.	Date: _____.