



TELETOTE

Champ de Mars Port Louis T 211 8080 E tote.customer@intnet.mu W www.tote-mu.com

APPLICATION FORM

Date: _____

The Account Manager
TELETOTE
Champ de Mars
PORT LOUIS

Dear Sir

1 I, the undersigned, wish to have a TELETOTE Account opened and my particulars are as follows:

Surname: _____

Other Names: _____

Residential Address: _____

Postal Address: _____

E-mail Home: _____

E-mail Office: _____

Home Phone No.: _____

Office Phone No.: _____

Date of Birth: _____

Identity Card No.: _____

Bank Name: _____

Bank Account No.: _____

Branch Name: _____

2 I am enclosing the sum of Rs. _____ to be deposited in the said Account.

3 I understand that my deposit shall not produce interests.

4 I have taken cognizance of the SUPERTOTE Rules and Regulations and the TELETOTE Rules and Regulations and irrevocably agree to be bound by them.

5 I hereby undertake to notify the Account Manager in writing of any change in my Account details or in the particulars presently submitted within seven (7) days of such change taking place.

6 I hereby declare that I am solely responsible and liable for any misuse by whomsoever of my security code and TELETOTE Card.

7 I hereby certify that I am over 18 years of age.

8 I understand that the TELETOTE Rules and Regulations may be altered at any time and that publication in the Government Gazette shall be deemed sufficient and proper notice for these purposes.

Thanking you in anticipation

Yours faithfully

Signature

Signature

Please sign on both sides