



Synarge Corp

Installation Form

(If it's more than one Vehicle please fill the add vehicle form)

Client details							
User Name/ ID				Device Mob.			
Corporate/ Individual name							
Sales Person							
Vehicle Details							
Reg. Number				Chassis Number			
Make/ Model				Color			
Insurance Cover	Comprehensive		Third Part		Financed	Yes	No
Product Selection							
Rental Option		Instillation Fee	Tsh.		Monthly	Tsh.	
Cash Option		Cash Purchase Price	Tsh.				
Emergency Contact							
Contact Name			Contact Number			Relationship	
Contact Name			Contact Number			Relationship	
Declaration							
* By signing this form, I accept that I have read, understood and agree to be bound by the contents, including the contents of the subscriber Application form and the terms and conditions I signed and attached herewith.							

Name: _____ Signature: _____

Designation: _____ Date: _____

Synarge Corporation's Representative Confirmation

Print Name: _____ Signature: _____ Date: _____

Synarge Corporation Limited

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