



APPLICATION FOR SERVICE

Date :

Name :	
Company Name :	
Phone :	Fax :
Current Address :	
City :	Designation :

PROJECT INFORMATION

Project Name :		Owner :	
Phone :		Fax :	
City :			
E-mail :		PO Box :	
Sector :	Plot :	Office Number :	
Level :	Building Name :		

CONTRACTOR'S INFORMATION

Name :		
Company Name :		Phone :
Phone :		
Address :		PO Box :
Email :		

FOR ACCOUNTS USE ONLY

Reference :		Amount :	
Contact Person :		Email :	
Phone :	Fax :	Mobile :	
UTT Accounts Contact	D: +971 2 618 4736	F: +971 2 650 1997	E: msaha@etisalat.ae

FOR OFFICE USE ONLY

Reference :	
Application Checked By :	
Approved By :	Application Valid Up To :

DOCUMENTS REQUIRED

Description For The Documents	Reference Number		
Drawing Copy	Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO (PLEASE TICK MARK)
Trade License Copy	Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO (PLEASE TICK MARK)
UTT Offer Reference Number			
Client's LPO Number			

SIGNATURE

Applicant's Signature :	Accountant's Signature :
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