

FRAMALINK® REMOTE METER RESET REQUEST FORM

CUSTOMER NAME _____ DATE _____

COMPLETE THE FOLLOWING INFORMATION WITH CARE

CUSTOMER NO: _____ MODEL TYPE: _____ SERIAL NO: _____ LICENCE NO: _____	SENDERS NAME: _____ SIGNATURE _____ TEL NO: _____ FAX NO: _____
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RETURN CODE (THIS IS IMPORTANT AND COMPULSORY)

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<u>F100</u>	<u>SENSONIC</u>
TOTALISATOR READING R _____ RAND CREDIT REQUIRED R _____	TOTALISATOR READING R _____ RAND CREDIT REMAINING R _____ RAND CREDIT REQUIRED (PLEASE TICK) <input type="checkbox"/> R1000 <input type="checkbox"/> R2000 <input type="checkbox"/> R5000 <input type="checkbox"/> R10000 <input type="checkbox"/> R20000 <input type="checkbox"/> R50000 <input type="checkbox"/> R100000

PLEASE PLACE YOUR ABSA BANK DEPOSIT SLIP HERE BEFORE FAXING TO (011) 463-1006

REMINDER

Please always ensure that your
Customer Number is clearly written
on the reference section of the deposit
slip before depositing monies into our
ABSA Account No 01024953510

[Tel:087 357 8200/1](tel:08735782001)

Emails: janep@frama.co.za/gilbertm@frama.co.za