



Application for Bill Care Card

Please tick and fill the appropriate reason to your application

Customer applying for New Card		Existing Account Number	
Customer applying for Replacement if lost or change of account number		New Account Number	

Application Details							
Customer's Name							
Phone Contact							
Email Address							
Date of Birth		ID Type (✓)	TIN Joint Card		Voters	Driving License	Id Number

All correspondence and invoice from EFL will be sent to the email address(s) provided.

There will be a fee of \$5.00vip for replacement of card if damaged or lost.

Applicant Agreement

- I/We hereby :
- a) Agree to the terms and condition noted on this form for this service
 - b) Agree to pay any charge or fee that is noted on this form for this services
 - c) Declare that all information provided by me or us on this form are true and correct

Signatures upon submitting

Applicant 's Detail	Witness 's Details
Date:	Date:
Name:	Name:
Signature of Applicant :	Signature of Witness:
.....
.....	Address of Witness:

Signatures upon Receiving the Bill Care Card

Name:

Signature of Receiver:

Date:

Official Use

Processing Officer:

Date:

