



ITEMIZED BILL/ MOBILE MONEY STATEMENT REQUEST FORM

CUSTOMER'S NAME

CUSTOMER'S NUMBER

ALTERNATIVE NUMBER

EMAIL ADDRESS

PLEASE TICK THE APPROPRIATE OPTION:

MOBILE MONEY	
ITEMIZED BILL	
DATA	
RECHARGE HISTORY	

REASON FOR REQUEST:

.....
.....

DURATION: PLEASE TICK THE APPROPRIATE OPTION:

2016 – 2017 (7 WORKING DAYS)	
2018 – DATE (2 WORKING DAYS)	

SPECIFY DURATION:

FROM DATE.....

TO DATE.....

CUSTOMER'S SIGNATURE

DATE OF SUBMISSION

Disclaimer:

Scancom Limited shall not be responsible for maintaining the confidentiality of call records released to customers. All uses of this itemized Bill whether authorized or unauthorized shall not be the responsible of Scancom. Customer shall be responsible for maintaining confidentiality of customer's call records.