DINETEK®

SAMOWS HYBRID SOLAR REGISTRATION FORM

Phone: 08137241665, E-mail: hello@dinetek.com.ng

www.dinetek.com.ng

PLEASE FILL ALL INFORMATION REQUESTED IN BLOCK LETTERS

DATE _____

Name

_____

Last First Middle

Home address

_____

_____

What solution are you interested in? _____ Group name _____

Telephone: Home _____ Office _____

Installation address _____ _____

_____

What month do you want to start? _____ Team no

_____

What facility are you installing the solution? ❑Office ❑Home ❑Other, specify _____

Preferred method of communication ❑Phone ❑Email

Email address _____ Are you the group lead? YES/NO _____

Please list your other group members and position.

Name _____ Position_____

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Kindly list your load capacity so we are sure it suits you.

EQUIPMENT	CAPACITY (WATT)	QUANTITY

Signature: _____ Date: _____

Thank you for your interest in SAMOWS HYBRID SOLAR. Once we have verified your details and that of your team members we will send you an email with further steps.