

ITEMIZED BILL/MOBILE MONEY STATEMENT REQUEST FORM

Customer's Name: _____

Customer's Number: _____

Alternative Number: _____

Email Address: _____

Request Type: Mobile Money Statement
Itemized Bill

Reason for Request:

Duration: (3 years history from date of request)

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 responsibility of Scancom. Customer shall be responsible for maintaining confidentiality of customer's call records