



TECHNICAL CONSULTANCY FORM

Application Date: _____.

Company Name: _____.

Citizen ID/Passport/Trade License No _____.

First Name: _____ Middle Name: _____ Last Name: _____

Location: _____ Billing Address: _____

City: _____ Contact Tel.No: _____.

Contact e-mail (if any): _____.

Technical Consultancy Details

Username : _____.

Please indicate the problem _____

When would you like it rectified _____

Charge per man hour or part thereof	Nu 100/=
Numbers of Man hours	
Total Payable	

The problem has been resolved to my satisfaction.

Signed

Date

To be filled in by DrukNet staff

User ID# _____.	
Attended By: _____.	Billing By: _____.
Date : _____.	Date: _____.