

APPLICATION FOR ETAB PHONE BETTING ACCOUNT

TITLE	
FIRST NAME	
MIDDLE NAME	
DATE OF BIRTH	
PHONE NUMBER	
EMAIL	
RESIDENTIAL ADDRESS	
6 DIGIT SECURITY NUMBER (DOB, EG. 13 TH AUGUST 1988 WOULD BE - 130888)	
BY SIGNING THIS APPLICATION FORM I CONFIRM THAT I AM OVER 18 YEARS OF AGE AND AGREE TO RECEIVE UPDATES FROM ETAB.	
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ONCE THIS APPLICATION HAS BEEN SUBMITED ETAB WILL ASSIGN AN ACCOUNT NUMBER TO YOU, WHICH MUST BE VERIFIED THROUGH YOUR FOUR DIGIT PIN WHEN PHONING IN EACH TIME. PLEASE NOTE THAT THE MINIMUM BET AMOUNT IS 10KINA AND AN APPLICATION WILL ONLY BE PROCESSED ONCE 10KINA HAS BEEN DEPOSITED INTO YOUR ACCOUNT.

DO NOT FILL BELOW THIS LINE: ETAB MANAGEMENT WILL COMPLETE.

ACCOUNT NUMBER ASSIGNED/CLIENT REF	
VERIFIED BY	
DATE	
USER 4 DIGIT PIN	
PHONE NUMBER TO CALL	3232 284, 3252 283, 3232 283