

This Registration consists of five steps:

1. Organization & Contact Details
2. Company Profile
3. Tariff
4. Payments & Requirements
5. Terms of Use & Signature

Attachments:

- Code of Conduct
- Code of Practice

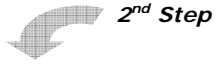
Please complete this form and sign along with the company stamp.



Organization Details		
Organization Name:		
Address:		Way/Street No:
Building No:	Off/Flat No:	C.R No:
PO Box No:	Postal Code:	City/Town:
Telephone:		Fax:
Website: (If any)		
Message Header ID : (Limited to 11 characters)		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Contact Details		
Title: Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> DR. <input type="checkbox"/> Other. <input type="checkbox"/>		
Full Name:		
Designation:		
Mobile No:		Telephone:
Email Address: (For all confidential correspondence)		

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Company Profile		
<p>The following information serves as the basis for your entry in the iBulk SMS Client List. Please tick the appropriate boxes and write your remarks in the provided space if any.</p>		
Sector	Type	Industry (You may tick more than one)
<input type="checkbox"/> Private <input type="checkbox"/> Government	<input type="checkbox"/> L.L.C <input type="checkbox"/> S.A.O.C <input type="checkbox"/> S.A.O.G <input type="checkbox"/> Others (Please Specify) <hr/>	<input type="checkbox"/> Banking & Finance <input type="checkbox"/> Building & Construction <input type="checkbox"/> Charities & non-profit organizations <input type="checkbox"/> Education <input type="checkbox"/> Electronic Commerce <input type="checkbox"/> Food Industry <input type="checkbox"/> General Trading <input type="checkbox"/> Health <input type="checkbox"/> Insurance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Motor Vehicle Industry <input type="checkbox"/> Retailing <input type="checkbox"/> Telecommunications <input type="checkbox"/> Tourism & Hospitality <input type="checkbox"/> Transport & taxi <input type="checkbox"/> Others (Please Specify) <hr/>

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 **3rd Step**

Tariff			
Select	Messages	* Validity / Expiration	Amount (RO.)
<input type="checkbox"/>	5000	3 months	45
<input type="checkbox"/>	10,000	3 months	85
<input type="checkbox"/>	15,000	3 months	120
<input type="checkbox"/>	25,000	6 months	188
<input type="checkbox"/>	50,000	6 months	338
<input type="checkbox"/>	100,000	6 months	600
<input type="checkbox"/>	200,000	12 months	1050
<input type="checkbox"/>	500,000	12 months	2250
<input type="checkbox"/>	1 million	12 months	3750
Setup Fee **			45
Total			

* Unused credit shall be non-refundable. Expiry date is effective from date you purchase the package, regardless of your use of the package.

** Setup fee is valid for one year from the date of account activation and is yearly renewable.

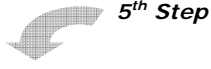
** **Setup fee waived for:** Educational Institutes, Healthcare Sector and Charitable Trusts.

 **4th Step**

Payments & Requirements
<p align="center">Payment acceptable at Infocomm Group's Office at Knowledge Oasis Muscat. (For more information call 24151026 ; Fax : 24151029) Infocomm Group LLC</p>
<p align="center">Please ensure the following are attached with this application when you submit it to Infocomm Group's Office Physically or via Fax:</p> <ul style="list-style-type: none"> i. Copy of C.R & Official Authorized Signature Document. ii. For Government Organization an Officially endorsed letter. iii. Copy of the Bank Transfer or Deposit receipt or the Original Cheque or Cash payment.

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Terms of Use & Signature	
We hereby confirm reading, understanding and accepting the Terms & Conditions of the Code of Conduct and Code of Practice. We have initialed and stamped all pages.	
Authorized Signatory:	Date:
Name:	Designation:
Company Stamp:	

For Infocomm Group Use Only	
The Customer has submitted complete application form with required attachments & payments and we have issued to him receipt no: _____	
Signature:	Stamp:

For more information please contact iSMS desk on: 24151020 or 24151026
Or E-Mail us at info@i-grp.com
(8am to 5pm except Thursdays, Fridays & public holidays)

You can get to know more by visiting our website

www.ibulksms.co.om