MTN Service Provider (Pty) Limited
Head Office: *216 14th Ave, Fairland, Roodepoort, 2170*
Private Bag 9955, Cresta, 2118
Tel: *(011) 912-3000* ***Fax:*** *083 705 7171*
Website: *http://www.mtnsp.co.za*
Reg. Number: *1993/002648/07*
VAT Number: *4130141247*

REQUEST FOR ITEMISED BILLING / TAX INVOICE

Account Name :

Account Number :

Cellular Number : ___ - ___ - ____

Please transmit my Itemized Billing / Tax Invoice as stated below :

To Fax Number :

E-mail Address :

Month Required (Tax Invoice)

Postal Address :

Itemized Billing Required : **From:** _____ **To:** _____

Signature of Account Holder or Company Official: _____

Designation : _____

Please attach copy of identity document

Please Note:

- **A copy of I.D (for individuals) / Letterhead of the company/organization must accompany this request**
- **All information must be completed. Failure to do so may result in the request not being processed.**
- **A cost of R16.67 excl. VAT will be charged for a copy of the Itemized Bill if you do not request this monthly.**