



FMS Registration Form
(For Individuals)

Vehicle Registration Number: _____

Fleet Card No:

Name of the Organization: _____

Customer Account Number: _____

E-Mail: _____

Mobile Phone: _____

NIC No: _____

Vehicle installed with C-Trakker (Assist): Yes No

Name of the Authorized Signatory: _____

Designation: _____

Signature: _____ Date: _____

For PSO Use Only (Individuals):

Received By: _____ Date & Time: _____

Registered By: _____ Date & Time: _____

User ID: _____

Password: _____