



ROADSIDE ASSISTANCE REGISTRATION FORM



Vehicle No.

RSA Membership No.

NIC No.

Salutation Mr. Mrs. Ms. Dr. Prof. Ven. Rev.

Name with Initials

Residential Address

Land Phone No. Mobile

E-mail Address

Vehicle

Make Model

Colour Year

VIN NO/ CHASSIS No.

Mobile No. (In case of emergencies)

I, the undersigned, have read, understood and hereby agree to the General Terms given for AMW Roadside Assistance and would like to subscribe for the service.

Customer's Signature

Dealer Name

Dealer Address

Dealer Code

Authorized Signature

