



Registration Form Type:  New Application  Update (Optional)

**Section 1. Mobile Services (Optional)**

Register your mobile number with CVA to activate mobile-based services such as SMS alerts, balance checks and direct debit confirmations. For the time being only Maltese mobile numbers are supported. This section is optional.

Mobile Number  Does your mobile support:  WAP  MMS  GPRS (Optional)

**Section 2. Telephone Services and Contact Details (Optional)**

Register your frequently used telephone number with CVA to activate enhanced automated telephone payment support and provide our support centre staff with additional contact information to help us serve you better.

Home Telephone Number  H Work Telephone Number  W

Email \_\_\_\_\_

**Section 3. General Information, Alternative Address (Optional)**

Please provide us with your preferred language for future communication. If you prefer your bills to be sent to an alternative address kindly provide us with your alternative address. This section is optional.

Alternative Address \_\_\_\_\_

Locality \_\_\_\_\_ Postcode \_\_\_\_\_

Use Alternative Address  Always  During July-September Only

**Section 4. Direct Debit Mandate for Automatic Discount (Optional)**

All registered vehicle owners who fill in a direct debit mandate with CVA Technology Co. Ltd. will automatically be eligible for the 10% pre-payment discount. Kindly ask for a copy of the D1 Mandate form or download it online.

**Section 5. Companies, Self-Employed and Other Commercial Entities (Optional)**

Company Registration Number  CREG VAT Number  VAT

The CVA online system will offer a number of services to commercial entities. Please tick the following if you are interested in: Accounts integration  Payroll integration  Spreadsheet integration  <

If you ticked any of the options above, kindly answer the following optional questions to help us serve you better:

What accounts system do you use? \_\_\_\_\_

What payroll system do you use? \_\_\_\_\_

What spreadsheet system do you use? \_\_\_\_\_



Signature

Signed By: \_\_\_\_\_

Data/Date  /  / 20  <  
D D M M Y Y

Please sign this form and return it to CVA Technology Co. Ltd. together with a photocopy of your ID card and/or Passport clearly showing your photo and signature for verification purposes. Alternatively you may present this form in person at our offices.

The personal information provided in this registration form will be solely used for the purpose of billing access and parking fees inside the CVA boundary and payment thereof. Certain information may only be disclosed for law enforcement purposes, as provided under Legal Notice 105 of 2007. In terms of the Data Protection Act (Cap.440 of the Laws of Malta), you have the right to access, rectify and where applicable, the right to request deletion of your personal data.

I hereby declare that this form contains full and correct details of my own personal particulars.

**For Office Use Only**

Signature Authenticated By \_\_\_\_\_

Approved  Rejected  Invalid Details

No ID or Passport  Invalid Signature

S1  S2  S3  S4  S5  Mandate

**R2**

