

# SKIP REQUEST FORM BUSINESS

**NO REQUEST FORM WILL BE FAXED TO EBE IF FEES ARE NOT PAID.**

Requested by: \_\_\_\_\_

Delivery address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of skip:                      Open:                       Closed:

Delivery date: \_\_\_\_\_

Removal date: \_\_\_\_\_

Applicants signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Maximum period is 5 days. The fee will be N\$ 500.00 for the period, Payable in advance. Which includes delivery and collection.

I, \_\_\_\_\_ confirm that the requested services were done on  
\_\_\_\_\_ at \_\_\_\_\_.

EBE Representative: \_\_\_\_\_                      Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

RoshSkor authorisation: \_\_\_\_\_                      Date: \_\_\_\_\_

Dated faxed to EBE: \_\_\_\_\_                      By whom: \_\_\_\_\_

Rec. no. of fees paid: \_\_\_\_\_

Account no. \_\_\_\_\_                      Invoice no. \_\_\_\_\_

Vote no. \_\_\_\_\_