Loyalty Program Registration (Workers)

Date: _____

Full name: _____

Mobile number: _____

Work (painter, electrician, plumber, other): _____

City or village: _____

Shop you usually buy from: _____

Years of work: _____

Language preferred: _____

I agree to join the program and to receive messages about it. I know I can leave by telling the company.

Signature or thumb impression: _____

Filled by (staff name): _____