SENDER ID REGISTRATION FORM

Date of Request :

Partner Company Name : Infobip

Please fill in the table with the details of Sender ID(s) :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Sender ID | Client Company | Client Country | Monthly Traffic Estimation | Content of The Message | Mobile Operator |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |