

Sender Identity (SID) Registration Request Form

Entity Name	Contact Person	Phone No.	Email Address	SID Name	SID Classification (select all that apply)			
					<input type="checkbox"/> One Time Password (OTP)	<input type="checkbox"/> Promotional	<input type="checkbox"/> Informational	<input type="checkbox"/> Verification
					<input type="checkbox"/> One Time Password (OTP)	<input type="checkbox"/> Promotional	<input type="checkbox"/> Informational	<input type="checkbox"/> Verification
					<input type="checkbox"/> One Time Password (OTP)	<input type="checkbox"/> Promotional	<input type="checkbox"/> Informational	<input type="checkbox"/> Verification
					<input type="checkbox"/> One Time Password (OTP)	<input type="checkbox"/> Promotional	<input type="checkbox"/> Informational	<input type="checkbox"/> Verification
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