



Decommission Form

Client Information

Company/Name: NWSC <i>Branch Bwaise</i>	Contact Person: <i>Musoke Zamb</i>
Physical address: <i>Bwaise</i>	Telephone No.: <i>0752919402</i> Alternative No.: <i>0772477122</i>
Site ID:	Designation: <i>Branch Manager</i>

Field Engineer

Vendor Name:	Equipment Details
Date: <i>10th /10/2022</i>	CPE Type: <i>Cambium force 140</i>
Time in: <i>3:20 PM</i>	WIFI Router Type:
Time out: <i>3:50 PM</i>	Accessories: <i>E7VFOSMC709D</i>

Activity

Installation	
Support	
Additional service	<i>Decommissioned successfully</i>

Decommission Note

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
<i>[Signature]</i>	<i>[Signature]</i> <i>ISIKO DERRICK</i>	

[Signature]
KAMUKA WATER
BWAISE BRANCH
★ 10 JAN 2022 ★
Sign:
BRANCH MANAGER