

Contract Term: 24 Months (Double-Data promotion applied on packages for the entire 24 month contract)

Once-Off Charge: R 0.00

Hardware: Free Huawei Wi-Fi router included.

Installation Lead Time: Estimated at 7 days after order is captured successfully.

### Select Your Telkom LTE Package

Deal ID	Package	Anytime Data	Night-Surfer	Monthly Price	Selection
DSF1811041	30GB Hero Deal	20GB	10GB	R 249.00	<input type="checkbox"/>
DSF1810001	60GB Hero Deal	40GB	20GB	R 359.00	<input type="checkbox"/>
DSF1812001	December Big Deal	70GB	50GB	R 459.00	<input type="checkbox"/>
DSF1807059	SmartBroadband Wireless 30GB	60GB	60GB	R 559.00	<input type="checkbox"/>
DSF1807060	SmartBroadband Wireless 50GB	100GB	100GB	R 759.00	<input type="checkbox"/>
DSF1807061	SmartBroadband Wireless 100GB	200GB	200GB	R 1059.00	<input type="checkbox"/>


### Send Your Supporting Documents:

Send us the below application form completed along with the following supporting documents:


1. Company Registration or CK Document
2. Copy of Directors ID (Does not need to be certified)
3. Proof of Address (Residential Address of Directors, not older than 3 months)
4. Proof of Banking (Bank confirmation letter or 1 Month Bank Statement or Cancelled Cheque)
5. Proxy Letter and Copy of ID (Only required if company is an NGO)

 Email: sales@dsltelecom.co.za

 Fax: 086 582 9038

 Whatsapp: 087 150 8595

If you have any queries, you can also contact us telephonically on:

 Phone: 087 802 0917

- Business  Sections: 2/3/4/5/6/7/8(all)/10
- Self-Pay (mobile)  Sections: 2/4/5/7/8(A-D)/10
- Change Ownership  Sections: 2/3/4/5/6/7/8(all)/9/10
- Discontinue  Sections: 9/10

ORIGINAL COPY

### 1. Office Use

Order No.  Sales Agent ID/Salary Ref **DSL TELECOM**

Dealer Code **DQ**

RICA Information (Required for Mobile Products)

Customer Representative as RICA Agent  RICA by Sales Agent  RICA on Delivery

### 2. Business Customer Details

Existing or New Telkom Customer Existing  New

Account No./Telephone No.

Business Type

Pty (Ltd)  CC  Partnership  LTD  Public Co.  Sole Proprietor  Government  Other  Please Specify

Business Name

Company Registration/ID No./Passport No.  VAT No.

Trade as Name  No. of Employees

Industry  No. of Branches

### 3. Directors/Members

Name and Surname

SA Citizen Yes  No  Identity/Passport No.  Type of Permit/Visa

Passport Exp. Date

Name and Surname

SA Citizen Yes  No  Identity/Passport No.  Type of Permit/Visa

Passport Exp. Date

### 4. Employee Details

~~Title  Name  Surname  Initials~~

~~Gender M  F  SA Citizen Yes  No  Identity/Passport No.~~

~~Type of Permit/Visa  Passport Exp. Date  Date of Birth~~

~~Marital Status\* Married  Single  Divorced  Widowed  How are you married\* COP  ANC  ANC with accrual  Customary~~

~~Period Employed\* Years  Months  Preferred Language~~

~~Gross Monthly Income\*  Net Monthly Income\*  Total Monthly Expenses\*  Additional Income\*~~

~~Permission to Credit Vet\* Yes  No~~

~~Friend/Relative 1\* Name  Surname~~

~~Relationship  Telephone No.~~

\*Mandatory fields for Self-Pay.

### 5. Contact Information

Office Telephone No.  Home Telephone No.  Mobile No.\*

Fax No.  Email Address\*

**Physical Address\*** Unit/Stand/Street

Suburb  City  Postal Code  Province

Delivery Address same as Physical Yes  No

**Delivery Address** Unit/Stand/Street

Suburb  City  Postal Code  Province

Requested install/deliver date

Installation Address same as Physical Yes  No

**Installation Address\*** Unit/Stand/Street

Suburb  City  Postal Code  Province

**Postal Address\*** PO Box/P Bag  City  Postal Code  Province

Permission to Market Yes  No  Market via Email  Phone  SMS  Post

\*Mandatory fields for Self-Pay.

### 6. Billing Information

Invoice Care of

Name on Bill

Cost Centre

Invoice Delivery via Post  Email  Email Address

Billing Address same as Postal Address Yes  No

**Billing Address** Unit/Stand/Street

Suburb  City  Postal Code  Province

### 7. Banking Details (Debit order compulsory)

Should you not have sufficient funds in your account on the required due date, Telkom will make use of NAEDO to collect the arrears amount. These collections will be at your cost.

Bank  Branch name  Branch code

Account Holder Name  Account No.

Debit Dates 5th  10th  15th  20th  25th  Last day of the month  Type of Account

Debit Order Maximum Amount

Full Name  Signature  Date

### 8. Services

**A. Fixed Line**

How many lines do you require  When do you require your telephone service

Do you want to use your existing line Yes  No  If yes, what is the telephone number

Service provider of existing line  Do you require entry in the phone book Yes  No

Product	Contract Period		
Telkom Voice Line	12 <input type="checkbox"/> 24 <input type="checkbox"/>	N/A	
Telkom Fixed Line look-alike	24 <input type="checkbox"/>		
Telkom DSL Line	12 <input type="checkbox"/> 24 <input type="checkbox"/>		
			DSL Line Speed required <input type="text"/>
			Self install Yes <input type="checkbox"/> No <input type="checkbox"/>
Telkom ISDN2	12 <input type="checkbox"/> 24 <input type="checkbox"/>		
Telkom ISDN2a	12 <input type="checkbox"/> 24 <input type="checkbox"/>		
Calling Plan	12 <input type="checkbox"/> 24 <input type="checkbox"/>		<input type="text"/> Calling Plan
Bundles	12 <input type="checkbox"/> 24 <input type="checkbox"/>		<input type="text"/> Bundle required
Internet	12 <input type="checkbox"/> 24 <input type="checkbox"/>		<input type="text"/> Internet required
PBX	12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 60 <input type="checkbox"/>	<input type="text"/> Outright purchase or contract period	

## B. Mobile and Convergence

Package/Deal ID*	Device Make/Model*	Itemised Billing*	VAS 1	VAS 2	Spend Limit*	Quantity*
		Yes/No				
		Yes/No				
		Yes/No				
		Yes/No				
		Yes/No				

Total/Average Monthly Cost\* R \_\_\_\_\_

\*If no quote is done, these fields are all mandatory

Subject to credit management approval

The split billing deal has been explained to me, I understand and accept it Authorised Signature \_\_\_\_\_ Date

Office use: Split Bill code (based on exclusions): \_\_\_\_\_

## C. Cellphone Numbers to be Ported to Telkom Mobile (Mobile and Convergence)

Account Classification at DSP* Prepaid, Post Paid or Hybrid	Account Type at DSP* Consumer or Business	DSP*	Account No. at DSP* (Per Invoice)	Account name at DSP* (Per Invoice)	Mobile No.	RICA Person Name Person RICA'd at DSP*	RICA Person ID/Company Reg. No.	Requested Port Date YYYY/MM/DD
N/A								

(\*DSP – Donor Service Provider)

## D. Porting Declaration (for Mobile Products)

I, the undersigned, hereby confirm that I have been informed of the following and agree to these statements:

- I am porting to Telkom Business Mobile.
- I acknowledge that in the event of Donor Service Provider rejection, my service will be activated with an 081/061 Telkom Business Mobile MSISDN number.
- I acknowledge and accept that call credits/unused values from the Donor Service Provider are forfeited.
- I am responsible and liable for outstanding fees owing to the Donor Service Provider.
- I am responsible for all cancellation fees incurred when a cancellation request is received during the application process.
- Products and services offered at the Donor Service Provider might not necessarily be available at Telkom Business Mobile.
- I have read, understood and hereby agree to the terms and conditions as set out in the application form.

Authorised Signature \_\_\_\_\_ Date

## E. RICA Person

Name  Surname  SA Citizen Yes  No

Identity/Passport No.             Type of Permit/Visa  Passport Exp. Date

**Residential Address** Unit/Stand/Street

Suburb  City  Postal Code  Province

Mobile No.

Name  Surname  SA Citizen Yes  No

Identity/Passport No.             Type of Permit/Visa  Passport Exp. Date

**Residential Address** Unit/Stand/Street

Suburb  City  Postal Code  Province

Mobile No.

Documents required for RICA purposes: Identity Document/Passport; Proof of Residence; Company Registration and Company Proof of Residence.

