

DSL Telecom Suite 6a. First Floor, Waterstone Village Office Park, Corner Main Road & R44, Somerset West, 7130 Tel: 087 802 0917 | Email: sales@dsltelecom.co.za

Contract Term:	Month-to-month for Sim Only packages and 24 Months for Sim + Router packages
Once-Off Charge:	R99.00 (sim and activation fee)
Installation Lead Time:	Estimated at 3 - 5 working days after your order is captured successfully

SELECT YOUR UNCAPPED LTE PACKAGE							
Deal ID	Telkom LTE Package	Hardware	Monthly Price	Selection			
DSF2406014	SmartBroadband Uncapped Business Hours	Sim Only	R349.00				
DSF2406082	SmartBroadband Uncapped <b>Business Hours</b>	Sim + D-Link DWR-957M Wi-Fi Router	R429.00				
DSF2406015	SmartBroadband Uncapped All Hours 10Mbps	Sim Only	R449.00				
DSF2406083	SmartBroadband Uncapped <b>All Hours 10Mbps</b>	Sim + D-Link DWR-957M Wi-Fi Router	R529.00				
DSF2406016	SmartBroadband Uncapped All Hours 20Mbps	Sim Only	R599.00				
DSF2406084	SmartBroadband Uncapped All Hours 20Mbps	Sim + D-Link DWR-957M Wi-Fi Router	R679.00				



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# Send Your Supporting Documents

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

- Company Registration or CK document
- A clear copy of the director's ID (Does not need to be certified)
- Latest Telkom bill (Only required if you are an existing Telkom client)
- Proof of residential address of directors, not older than 3 months (Only required if you are not an existing Telkom client)
- Proof of banking bank confirmation letter or 1 month bank statement (Only required if you are not an existing Telkom client)
- Email: sales@dsltelecom.co.za
- S Whatsapp: 087 150 8595
- Phone: 087 802 0917

# Want to view all the Telkom Uncapped LTE deals?

Click here - <u>www.uncappedlte.co.za/businesshours</u> or scan the QR code below:



# Telkom

# **Business Application Form**

 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 TELE	СОМ
Dealer Code DQ		
RICA Information (Required for Mobile Products)		
Customer Representative as RICA Agent RICA by	Sales Agent RICA on Delivery X	
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.	
- I NI		No. of Employees
Trade as Name		

Name and Surname
SA Citizen Yes No Identity/Passport No. Type of Permit/Visa
Passport Exp. Date Y Y Y M M D D
Name and Surname
SA Citizen Yes No Identity/Passport No. Τype of Permit/Visα
Passport Exp. Date   Y    Y    Y    M    M    D    D

4. Employee Details	
Title Name	Surname Initials
Gender M F SA Citizen Yes No	Identity/Passport No.
Type of Permit/Visa Passport Exp. Dat	ate YYYYMMDD Date of Birth YYYYMMDD
Marital Status* Married Single Divorced Welewed	NHow are you married * COP ANC ANC with accrual Customar
Period Employed* Years Months Preferred Languag	ge
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	 t		
Suburb	City	Postal Code	Province
Delivery Address same as Physical Y			
Delivery Address Unit/Stand/Street			
Suburb	City	Postal Code	Province
Requested install/deliver date			
Installation Address same as Physical			
Installation Address* Unit/Stand/St			
Suburb	City	Postal Code	Province
Postal Address* PO Box/P Bag	City	Postal Code	Province
Permission to Market Yes No	Market via Email Phone SM	IS Post	
*Mandatory fields for Self-Pay.			
6. Billing Information			
Invoice Care of			
Name on Bill			
Cost Centre			
Invoice Delivery via Post Ema			
Billing Address same as Postal Addres	s Yes No		
Billing Address Unit/Stand/Street			
Suburb	City	Postal Code	Province
BankAccount Holder Name Debit Dates 5th10th15th	Branch name h 20th 25th Last day of the mon	Account No.	Branch code
Debit Order Maximum Amount			
Full Name	Signature	I	Date YYYYMMDD
9. Comisso			
8. Services			
A. Fixed Line			
How many lines do you require		phone service	/ M D D
Do you want to use your existing line	Yes No If yes, what is the teleph	hone number	
Service provider of existing line		Do you require entry i	the phone book Yes No
Product	Contract Period		
Telkom Voice Line			
Telkom Fixed Line look-alike			
Telkom DSL Line		Line Speed required	
		install Yes No	
Telkom ISDN2			
Telkom ISDN2a			
Calling Plan	12 24	Callin	ıg Plan
Bundles			
-			required
Internet PBX	12     24	Interne	required t required e 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 \_\_\_\_\_

 ${}^{*}\!\mathit{If}$  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 🛛 🖓 🖓 🖉 🕅 🔘 D

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

C. Cellphone Numb	ors to be Dorted	to Tolkom	Mahila (Mah	ile and Convo	raoncol			
C. Leliphone Numb	pers to be Ported	to Telkom	MODILE (MOD	lie and Conve	rgence)			
Account Crossification at DSP* Pre-reid, 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/Compony Reg No.	Requested Port Date YYYY/MM/DD
			N/	Δ				
(*DSP – Donor Service Provide	er)					<u> </u>	L	1
D. Deutier Dealeurt		un du ata)						
D. Porting Declarat	ion (for Mobile P	roducts)						
I, the undersigned, hereb	y confirm that I have I	peen informed	l of the following	) and agree to the	se statements	:		
<ul> <li>I am porting to Telkom</li> </ul>	Business Mobile.							
<ul> <li>I acknowledge that in th</li> </ul>	e event of Donor Servic	e Provider eje	ction, my service	will be activated wi	th an 081/061	Telkom Business	Mobile MSISE	N number.
<ul> <li>I acknowledge and according</li> </ul>	ept that call credits/un	used values fr	om the Donor Se	ervice Provider are	forfened.			
<ul> <li>I am responsible and lid</li> </ul>	able for outstanding fe	es owing to th	ne Donor Service	Provider.				
• I am responsible for all	cancellation fees incu	rred when a co	ancellation reque	est is received duri	ng the applica	tion process.		
<ul> <li>Products and services or</li> </ul>	ffered at the Donor Se	ervice Provider	might not neces	sarily be available	at Telkom Bu	siness Mobile.		
• I have read, underscood	and hereby agree to	the terms and	conditions as se	et out in the applic	ation form.			
Authonsed Signature						Date Y	ΥΥΥΙ	
E. RICA Person								
Name		Surnar	me			SA Citizen	res No	
Identity/Passport No.			Type of Pe	ermit/Visa	Passpo	ort Exp. Date 🛛	ΥΥΥΙ	MMDD
Residential Address U	nit/Stand/Street							
Suburb	Cit	у		Posto	l Code	Province		
Mobile No.								
Name		Surnar	me			SA Citizen	Yes No	
Identity/Passport No.			Type of Pe	ermit/Visa	Passpo	ort Exp. Date 🝸	YYY	MMDD
Residential Address U	nit/Stand/Street			L				
Suburb	Cit	у		Posto	l Code	Province		
Mobile No.		L			L		L	
Documents required for RICA	purposes: Identity Docur	nent/Passport; I	Proof of Residence;	Company Registrati	on and Compan	y Proof of Residence	e.	

# 9. Discontinuing Your Service/Outgoing Customer Consent for Change of Ownership

Telephone Numbers to be <del>disc</del> ontinued	When do you want to discontinue t	he service Y H Y Y M M D D
Phone Phone	N/A Phone	
How would you like to receive the final invoice Post Email	Email Address	
Postal Address P.O. Box/P Bag City	Postal Code	Province
ID/Passport No. Surno	me	Initials
Authorised Signature		

### **10. Application Agreement**

### I declare, agree and confirm that:

If acting in a representative capacity, that I am duly and fully authorised to do so. I personally hereby indemnify and hold Telkom harmless for any damages suffered by it, should it at any stage appear that I'm not so authorised. The information supplied herein with regards to me and the Applicant is complete, true and correct as at date of signature/electronic processing hereof. Electronic processing of the transaction (telephonically or via Internet portal) will be binding on me and/or the Applicant as if I have signed a physical application form, upon:

a) My agreement via tick box and submission of the online application form; or

b) My verbal confirmation of the existence of the agreement during the telephonic application process.

I and/or the Applicant, am bound to the terms and conditions applicable to the transaction, including but not limited to:

- a) Telkom's Standard Terms and Conditions for the Provision of Electronic Communication Services and Products (fixed-line services and products), available at http://www.telkom.co.za/general/termsandconditions/index.html; and/or
- b) Telkom Mobile Subscriber Terms and Conditions (mobile services and products) available at telkommobile.co.za/terms/; and as indicated on any promotional material and/or on Telkom's official product website (www.telkom.co.za) and/or communicated to me telephonically during a telephonic application process.

I declare myself familiar with and bound to the content of said terms and conditions Yes No

All these terms and conditions are available online and will be made available to me in printed version or may be emailed to me, if I so request it.

Internet Paper Email Email Address
Authorised Signature Date YYYMMDD (Duly authorised for/on behalf of the company)
SA Citizen Yes No Identity/Passport No. Type of Permit/Visa
Passport Exp. Date Y Y Y M M D D Permission to Credit Vet Yes No
Telkom Business Representative DSL Telecom
Signature as Witness Date YYYYMMDD