

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

| Service Provider:    | Telkom   |
|----------------------|--|
| Fibre Network:       | Openserve  |
| Contract Term:       | Month-to-month with a minimum 12 month commitment* |
| Once-Off Charge:     | R0.00  |
| Installation Charge: | R0.00  |
| Hardware:            | Free Wi-Fi router incl. with all packages          |
|                      |  |

**Installation Lead Time:** The installation timeframe after your order is captured successfully, is estimated at 7 - 21 working days for live areas and 1 - 3 months for pre-order areas.

\*Please note that the subscription is linked to a premises/address and remains non-transferable from the fixed address that you signed up for. If the subscription is cancelled within a 12 month period, Telkom will charge you for the installation and activation as well as any other products you may have received for free.

| Uncapped Business Fibre Deals |              |          |               |           |  |
|-------------------------------|--------------|----------|---------------|-----------|--|
| Download / Upload Speed       | Anytime Data | Voice    | Monthly Price | Selection |  |
| 50 / 25 Mbps                  | Uncapped     | Optional | R655.00       |           |  |
| 50 / 50 Mbps                  | Uncapped     | Optional | R759.00       |           |  |
| 100 /50 Mbps                  | Uncapped     | Optional | R845.00       |           |  |
| 100 / 100 Mbps                | Uncapped     | Optional | R965.00       |           |  |
| 200 / 100 Mbps                | Uncapped     | Optional | R1225.00      |           |  |
| 200 / 200 Mbps                | Uncapped     | Optional | R1289.00      |           |  |
| 300 / 150 Mbps                | Uncapped     | Optional | R1529.00      |           |  |
| 500 / 250 Mbps                | Uncapped     | Optional | R1699.00      |           |  |



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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)
- It is highly recommended that you also submit a utility bill (Municipal rates bill, water and electricity bill etc.) that shows your ERF or stand number so that Telkom can easily find your address.
- Email: sales@dsltelecom.co.za
- S Whatsapp: 087 150 8595
- Phone: 087 802 0917

Download, save and complete the Telkom application form before sending the relevant RICA documents listed below back to us for processing:

### Want to view all the Telkom Fibre deals?

Click <u>here</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 TELECOM   |                  |
| Dealer Code DQ                                      |                           |               |                  |
| RICA Information (Required for Mobile Products)     |                           |               |                  |
| Customer Representative as RICA Agent RICA by Sales | s 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. Sol         | e Proprietor 🗌 Government | t Other Pleas | e 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 YYYMMDD                                  |   |
| Name and Surname  |   |
| SA Citizen Yes No Identity/Passport No. Type of Permit/Visa | _ |
| Passport Exp. Date YYYMMDD                                  |   |

| 4. Engloyee Details                              |  |
|--|--|
| Title Nose                                       | Surname Initials                                       |
| Gender M F SA Citizen Yes No                     | Identity/Passport No.                                  |
| Type of Permit/Visa Passport Exp. Date           | te YYYYMMDD Date of Birth YYYYMMDD                     |
| Marital Status* Married Single Divorced Widowed  | How he you married* COP ANC ANC with accrual Customary |
| Period Employed* Years Months Preferred Language | e  |
| 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**

PBX \_\_\_\_

| 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  | <b>C</b> 11               |  |
| Suburb  | City                      | Postal Code Province   |
| Requested install/deliver date Y Y Y  | YMMDD                     |  |
| Installation Address same as Physical Yes                                   | s 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   |                           |  |
|   | Email Addross             |  |
| Invoice Delivery via Post Email   | Email Address             |  |
| Billing Address same as Postal Address Ye                                   | es No                     |  |
| Billing Address Unit/Stand/Street   |                           |  |
| Suburb  | City                      | Postal Code Province   |
| NAEDO to collect the arrears amount. These colle<br>BankAccount Holder Name |                           | icient funds in your account on the required due date, Telkom will make use of Branch code Account No. |
| Debit Dates 5th 🔄 10th 🔄 15th 🗌   | 20th 25th Last day of the | e month Type of Account  |
| Debit Order Maximum Amount  |                           |  |
| Full Name   | Signature                 |  |
|   |                           |  |
| 8. Services   |                           |  |
| A. Fixed Line   |                           |  |
| How many lines do you require   | When do you require your  |  |
| Do you want to use your existing line Yes                                   |                           | telephone number   |
| Service provider of existing line   |                           | Do you require entry in the phone book Yes No  |
| Product   | Contract Period           |  |
| Telkom Voice Line   | 12 24                     |  |
| Telkom Fixed Line look-alike  | 24                        |  |
| Telkom DSL Line   | 12 24                     | DSL Line Speed required  |
|   | ·                         | Self-install Yes No  |
| Telkom ISDN2  | 12 24                     |  |
| Telkom ISDN2a   | 12 24                     |  |
| Calling Plan  | 12 24                     | Calling Plan   |
| Bundles   | 12 24                     | Bundle required  |
| Internet  |                           | Internet required  |
|   |                           |  |
| РВХ   | 12 24 36 60               | Outright purchase or contract period   |

| Mobile and Conv                          | ergence                      |                              |                                       |                |                          |                       |                                       |
|--|------------------------------|------------------------------|---------------------------------------|----------------|--------------------------|-----------------------|---------------------------------------|
| Parkage/Deal ID*                         | Device Make/Model*           | Itemised Billing*            | VAS 1                                 | VAS            | 2 S                      | pend Limit*           | Qr antity*                            |
|  |                              | Yes/No                       |                                       |                |                          |                       |                                       |
|  |                              | Yes/No                       |                                       |                |                          |                       |                                       |
|  |                              | Yes/No                       |                                       |                |                          |                       |                                       |
|  |                              | Yes/No                       |                                       |                |                          |                       |                                       |
|  |                              | Yes/No                       |                                       |                |                          |                       |                                       |
| Total/Average Monthly Co                 | st*                          | R                            |                                       |                |                          |                       |                                       |
| *If no quote is done, these fiel         | ds are all mandatory         |                              |                                       |                |                          |                       |                                       |
| Subject to credit managemen              | t approval                   |                              |                                       |                |                          |                       |                                       |
| The split billing deal has be            | een explained to me, und     | erstand and accept it        | Authorised Signatu                    | re             | Date Y                   | YYY                   | MMDD                                  |
| Office use: Split Bill code (base        |                              | · · · ·                      | , , , , , , , , , , , , , , , , , , , |                |                          |                       |                                       |
|  |                              | N/                           | Ά                                     |                |                          |                       |                                       |
| C. Cellphone Numb                        | ers to be Ported to T        | elkom Mobile (Mo             | bile and Cor re                       | rgence)        |                          |                       |                                       |
| Account Classification                   |                              | OSP* Account No. at          | Accourt, name at                      | Mobile No.     | RICA Person              | RICA Person           | Requested                             |
| at DSP* Pre-Paid,<br>Post Paid or Hybrid | Consumer or Business         | DSP* (Pe Invoice)            | DSP* (Per Invoice)                    |                | Name<br>Person RICA'd at | ID/Company<br>Reg No. | Port Date<br>YYYY/MM/DD               |
|  |                              |                              |                                       |                | DSP*                     |                       |                                       |
|  |                              |                              |                                       |                |                          |                       |                                       |
|  |                              |                              |                                       |                |                          |                       |                                       |
|  |                              |                              |                                       |                |                          |                       |                                       |
|  |                              |                              |                                       |                |                          |                       |                                       |
| (*DSP – Donor Service Provider           | r)                           |                              |                                       |                |                          |                       |                                       |
| D. Porting Declarati                     | ion (for Mobile Prou         | ucts)                        |                                       |                |                          |                       |                                       |
| I, the undersigned, hereby               |                              |                              | a and garee to the                    | se statements  |                          |                       |                                       |
| • I am porting to Telkom E               |                              |                              | g and agree to the                    | se statement   |                          |                       |                                       |
|  | e event of Donor Service Pro | vider rejection my service   | will be activated wi                  | th an 081/061  | Telkon Business          | Mobile MSISE          | N number                              |
| -  | pt that call credits/unused  |                              |                                       |                | Telkolini usiness        |                       | i i i i i i i i i i i i i i i i i i i |
|  | ole for outstanding fees ov  |                              |                                       | ionened.       |                          |                       |                                       |
|  | ancellation fees incurred v  | -                            |                                       | na tho applica | tion process             |                       |                                       |
|  |                              |                              |                                       |                |                          |                       |                                       |
|  | fered at the Donor Service   | -                            | -                                     |                | Siness Modile.           |                       |                                       |
| • I nave reca, understood                | and hereby agree to the te   | erms and conditions as s     | et out in the applic                  | ation form.    |                          |                       |                                       |
|  |                              |                              |                                       |                | -                        |                       |                                       |
| Avenorised Signature                     |                              |                              |                                       |                | Date Y                   | YYYY                  |                                       |
| E. RICA Person                           |                              |                              |                                       |                |                          |                       |                                       |
| Name                                     |                              | Surname                      |                                       |                | SA Citizen               | Yes No                |                                       |
| Identity/Passport No.                    |                              |                              | Permit/Visa                           | Passoc         | ort Exp. Date Y          |                       |                                       |
| Residential Address Ur                   | nit/Stand/Street             | iype of i                    |                                       | - I doope      |                          |                       |                                       |
| Suburb                                   | City                         |                              | Posto                                 | Il Code        | Province                 |                       |                                       |
| Mobile No.                               | City                         |                              | 10310                                 |                | Tiovince                 | ·                     |                                       |
|  |                              |                              |                                       |                |                          |                       |                                       |
| News                                     |                              | Sum and a                    |                                       |                | CA Citizen               |                       |                                       |
|  |                              | Surname                      |                                       |                | SA Citizen               | Yes No                |                                       |
| Identity/Passport No.                    |                              | Ivpe of I                    | Permit/Visa                           | Passpo         | ort Exp. Date Y          | ΥΥΥ                   |                                       |
| Residential Address Un                   |                              |                              |                                       |                |                          |                       |                                       |
| Suburb                                   | City                         |                              | Postc                                 | Il Code        | Province                 |                       |                                       |
| Mobile No.                               |                              |                              |                                       |                |                          |                       |                                       |
| Documents required for RICA              | purposes: Identity Document/ | Passport; Proof of Residence | e; Company Registrati                 | on and Compan  | y Proof of Residen       | ce.                   |                                       |

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

| Telephone Numbers to be discontinued                | When do you v          | want to discontinue the servio |             |
|---|------------------------|--------------------------------|-------------|
| Phone   | Phone N/A              | Phone                          |             |
| How would you like to receive the final invoice Pos | st Email Email Address |                                |             |
| Postal Address P.O. Box/P Bag                       | City                   | Postal Code                    | Province    |
| ID/Passport No.                                     | Surname                |                                | Initials    |
|   |                        |                                |             |
| Authorised Signature                                |                        | Da                             | te YYYXMMDD |
|   |                        |                                |             |

#### **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 VYYMMDD (Duly authorised for/on behalf of the company) |
| SA Citizen Yes No Identity/Passport No. Type of Permit/Visa                      |
| Passport Exp. Date V V V M M D D Permission to Credit Vet Yes No                 |
|  |
| Telkom Business Representative DSL Telecom                                       |
| Signature as Witness Date YYYMMDD  |