

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
DSF2506003	SmartBroadband Uncapped Daytime 20Mbps	Sim Only	R299.00	
DSF2506015	SmartBroadband Uncapped Daytime 20Mbps	Sim + D-Link G413K Wi-Fi Router	R359.00	
DSF2506004	SmartBroadband Uncapped All Hours 10Mbps	Sim Only	R299.00	
DSF2506016	SmartBroadband Uncapped All Hours 10Mbps	Sim + D-Link G413K Wi-Fi Router	R359.00	
DSF2506001	SmartBroadband Uncapped All Hours 20Mbps	Sim Only	R449.00	
DSF2506009	SmartBroadband Uncapped All Hours 20Mbps	Sim + D-Link DWR-957M Wi-Fi Router	R529.00	
DSF2506002	SmartBroadband Uncapped All Hours 30Mbps	Sim Only	R599.00	
DSF2506010	SmartBroadband Uncapped All Hours 30Mbps	Sim + D-Link DWR-957M Wi-Fi Router	R679.00	

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

📞 Whatsapp: 087 150 8595

📞 Phone: 087 802 0917

Want to view all the Telkom Uncapped LTE deals?

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



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

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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.

Office Telephone No.	<input type="text"/>	Home Telephone No.	<input type="text"/>	Mobile No.*	<input type="text"/>
Fax No.	<input type="text"/>	Email Address*	<input type="text"/>		
Physical Address* Unit/Stand/Street <input type="text"/>					
Suburb	<input type="text"/>	City	<input type="text"/>	Postal Code	<input type="text"/>
Province		<input type="text"/>			
Delivery Address same as Physical Yes <input type="checkbox"/> No <input type="checkbox"/>					
Delivery Address Unit/Stand/Street <input type="text"/>					
Suburb	<input type="text"/>	City	<input type="text"/>	Postal Code	<input type="text"/>
Province		<input type="text"/>			
Requested install/deliver date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Installation Address same as Physical Yes <input type="checkbox"/> No <input type="checkbox"/>					
Installation Address* Unit/Stand/Street <input type="text"/>					
Suburb	<input type="text"/>	City	<input type="text"/>	Postal Code	<input type="text"/>
Province		<input type="text"/>			
Postal Address* PO Box/P Bag <input type="text"/> City <input type="text"/> Postal Code <input type="text"/> Province <input type="text"/>					
Permission to Market Yes <input type="checkbox"/> No <input type="checkbox"/> Market via Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> Post <input type="checkbox"/>					

**Mandatory fields for Self-Pay.*

Invoice Care of			
Name on Bill			
Cost Centre			
Invoice Delivery via	Post <input type="checkbox"/>	Email <input type="checkbox"/>	Email Address <input type="text"/>
Billing Address same as Postal Address	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Billing Address	Unit/Stand/Street <input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/>
		Postal Code	<input type="text"/>
		Province	<input type="text"/>

Bank	<input type="text"/>	Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account Holder Name	<input type="text"/>			Account No.	<input type="text"/>
Debit Dates	5th <input type="checkbox"/>	10th <input type="checkbox"/>	15th <input type="checkbox"/>	20th <input type="checkbox"/>	25th <input type="checkbox"/>
	Last day of the month <input type="checkbox"/>			Type of Account	<input type="text"/>
Debit Order Maximum Amount	<input type="text"/>				
Full Name	<input type="text"/>			Signature	<input type="text"/>
				Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D

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 ☐ 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 _____ Calling Plan

Bundles _____ 12 ☐ 24 ☐ Bundle required

Internet _____ 12 ☐ 24 ☐ Internet required

PBX _____ 12 ☐ 24 ☐ 36 ☐ 60 ☐ 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* Pre-Paid, 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.

