



#### 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 SIM ONLY PACKAGE					
Deal ID	Telkom LTE Package	Hardware	Monthly Price	Selection	
DSF2506021	80GB (40GB Anytime Data + 40GB Night Surfer Data)	Sim Only	R169.00		
DSF2506023	160GB (80GB Anytime Data + 80GB Night Surfer Data)	Sim Only	R219.00		
DSF2506025	240GB (120GB Anytime Data + 120GB Night Surfer Data)	Sim Only	R279.00		
DSF2506027	360GB (180GB Anytime Data + 180GB Night Surfer Data)	Sim Only	R389.00		
DSF2506029	2TB (2TB Anytime Data)	Sim Only	R699.00		
DSF2507004	Uncapped Data - All Hours 10Mbps	Sim Only	R299.00		
DSF2507001	Uncapped Data - All Hours 20Mbps	Sim Only	R449.00		
DSF2507002	Uncapped Data - All Hours 30Mbps	Sim Only	R599.00		

SELECT YOUR SIM + ROUTER PACKAGE					
Deal ID	Telkom LTE Package	Hardware	Monthly Price	Selection	
DSF2506049	160GB (80GB Anytime Data + 80GB Night Surfer Data)	Huawei E5576 321 Mifi Router	R239.00		
DSF2508010	160GB (80GB Anytime Data + 80GB Night Surfer Data)	D-Link G413X Wifi Router	R289.00		
DSF2508012	240GB (120GB Anytime Data + 120GB Night Surfer Data)	D-Link G413X Wifi Router	R349.00		
DSF2508014	360GB (180GB Anytime Data + 180GB Night Surfer Data)	D-Link G413X Wifi Router	R459.00		
DSF2508016	2TB (2TB Anytime Data)	D-Link G413X Wifi Router	R769.00		
DSF2508008	Uncapped Data - All Hours 10Mbps	D-Link G413X Wifi Router	R369.00		
DSF2508001	Uncapped Data - All Hours 20Mbps	D-Link DWR 957X Wifi Router	R539.00		
DSF2508002	Uncapped Data - All Hours 30Mbps	D-Link DWR 957X Wifi Router	R689.00		





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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)

Whatsapp: 087 150 8595

Phone: 087 802 0917

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

Click here - www.ltedeals.co.za or scan the QR code below:





# **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 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 Y Y Y M M D D				
Name and Surname				
SA Citizen Yes No Identity/Passport No. Type of Permit/Visa				
Passport Exp. Date Y Y Y M M D D				
4. Employee Details				
Title Surname Surname initials				
Gender M F SA Citizen Yes No Identity/Passport No.				
Type of Permit/Visa Passport Exp. Date VYYYMMDD Date of Birth VYYYMMDD				
Marital Status* Married Single Divorced Widowed Howare you married* COP ANC ANC with accrual Customary				
Period Employed* Years Months Preferred Language				
Gross Monthly Income*				
Permission to Credit Vet* Yes No				
Friend/Relative 1* Name Surname				
Relationship Telephone No.				
*Mandatory fields for Self-Pay.				

#### B. Mobile and Convergence Package/Deal ID\* Device Make/Model\* Itemised Billing VAS 1 VAS 2 Spend Limit\* Ouantity 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 \_\_\_ Office use: Split Bill code (based on exclusions): . Cellphone Numbers to be Ported to Telkom Mobile (Mobile and Convergence) sification Account Type at DSP\* DSP\* Account No. at Account name at DSP\* (Per Invoice) Mobile No RICA Person RICA Person Requested at DSP\* Pre-Consumer or Business DSP\* (Per Invoice) Name ID/Comp Port Date Person RICA'd at Post Paid or Hybri YYYY/MM/DD DSP\* (\*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 ejection, 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 forfeld • 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 pr • Products and services off red at the Donor Service Provider might not necessarily be available at Telkom Business Mobile. • I have read, undergood and hereby agree to the terms and conditions as set out in the application form. rised Signature E. RICA Person SA Citizen Yes Name Surname 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 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.

#### 5. Contact Information Office Telephone No. Mobile No.\* Home Telephone 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 Postal Code Suburb City Province Requested install/deliver date | Y | Y Installation Address same as Physical Yes Installation Address\* Unit/Stand/Street Suburb City Postal Code Province Postal Address\* PO Box/P Bag City Postal Code Province Permission to Market Yes 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. 20th 25th Last day of the month Debit Dates 5th 10th 15th 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 If yes, what is the telephone number Do you want to use your existing line Yes No Service provider of existing line Do you require entry in the phone book Yes Contract Period **Product** Telkom Voice Line 12 Telkom Fixed Line look-alike 24 DSL Line Speed required Telkom DSL Line 24 12 Seif install Yes Telkom ISDN2 12 24 Telkom ISDN2a 24 Calling Plan 12 24 ag Plan **Bundles** 12 24 Internet 12 24 Internet required PBX 12 24 36 60 Outright purchase or contract period

9. Discontinuing Your Service/Outgoing Customer Consent for Cho	ange of Ownership				
Telephone Numbers to be discontinued When do	you want to discontinue the service Y Y M M D D				
Phone Phone	Phone				
How would you like to receive the final invoice Post Email Email Addres					
Postal Address P.O. Box/P Bag City	Postal Code Province				
ID/Passport No. Surname	Initials				
Authorised Signature	Date Y Y Y M M D D				
10. Application Agreement					
I declare, agree and confirm that:					
is complete, true and correct as at date of signature/electronic processing hereof. Electronic will be binding on me and/or the Applicant as if I have signed a physical application of the online application form; or b) My verbal confirmation of the existence of the agreement during the telephonic of and/or the Applicant, am bound to the terms and conditions applicable to the true. Telkom's Standard Terms and Conditions for the Provision of Electronic Communic available at http://www.telkom.co.za/general/termsandconditions/index.html; b) Telkom Mobile Subscriber Terms and Conditions (mobile services and products) are promotional material and/or on Telkom's official product website (www.telkom.co.telephonic application process.	cation form, upon: application process. ansaction, including but not limited to: cation Services and Products (fixed-line services and products), and/or vailable at telkommobile.co.za/terms/; and as indicated on any				
I declare myself familiar with and bound to the content of said terms and condition $\boldsymbol{\theta}$	ons Yes No				
All these terms and conditions are available online and will be made available to me i	n printed version or may be emailed to me, if I so request it.				
Internet Paper Email Email Address					
Authorised Signature(Duly authorised for/on behalf of the company	Date YYYYMMDD				
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 Y Y Y Y M M D D				