

Sales consultant to complete:

Order no.	<input type="text"/>	Account no.	<input type="text"/>
Dealer name	<input type="text"/>	Dealer code	<input type="text"/>
Agent name	<input type="text"/>	Agent ID/salary no.	<input type="text"/>
RICA information	Customer representative as RICA agent		<input type="checkbox"/>
RICA by sales agent	<input type="checkbox"/>	RICA on delivery	<input type="checkbox"/>

Supporting documentation

- Proof of identification: Copy of SA ID or passport (including work permit of account holder)
- Copy of proof of residence (utility bill not older than three months)
- Proof of company residence
- Business registration documentation

Sections to complete

Existing	<input type="checkbox"/>	Sections: 1, 3, 4, 5, 7, 8, 9
Business	<input type="checkbox"/>	Sections: 1, 2, 3, 4, 5, 6, 7, 8, 9
Change of ownership	<input type="checkbox"/>	Sections: 1, 2, 3, 4, 5, 6, 7, 8, 9
Self-pay	<input type="checkbox"/>	Sections: 1, 3, 4, 5, 6, 7, 8, 9

1. Business details

Are you an existing customer? Y N If yes, what is your existing number?

Account no.

Business type Pty (Ltd) CC Partnership Ltd Public co. Sole proprietor Government

Other Please specify

Business name

Company registration/ID/passport no. VAT no.

Trade name No. of employees*

Industry* No. of branches*

2. Directors/Members

Name and surname SA citizen Y N

ID no. Passport no.

Passport expiry date Y Y Y Y M M D D Type of permit/visa

Name and surname SA citizen Y N

ID no. Passport no.

Passport expiry date Y Y Y Y M M D D Type of permit/visa

3. Applicant's details

Title Name Surname Initials

SA citizen Y N Gender M F ID no.

Passport no. Passport expiry date Y Y Y Y M M D D

Type of permit/visa Date of birth Y Y Y Y M M D D

Gross income p/m* R Net income p/m* R

Total expenses p/m* R Household income p/m* R

Alternative contact person: Name and surname

Alternative contact person: Contact no.

4. Payment details (debit order compulsory)

Please debit my account in favour of Telkom SA SOC Ltd with my total amount due each month.

Bank Branch name Branch code

Account holder name Account no.

Type of account Cheque Transmission Savings

Debit order maximum amount # R Debit dates 5th 15th 20th 25th Last day of the month

Should any debit orders be returned unpaid on the due date, you will be liable for a debit order rejection fee. In addition, Telkom and/or its authorised debt collection agencies will also have the right to make use of NAEDO to collect the arrears amount, and you will also be liable for these collection costs.

Full name Signature Date Y Y Y Y M M D D

*Mandatory fields. #Must be 2½ times the monthly fee.

5. Change of ownership (existing owner's details)

Number(s) to be changed &

Change of ownership date

Full Name and Surname ID no.

Contact details Home no. (new) Office no.

Mobile no. Alternate mobile no.

Final invoice Email Email address

Final invoice Post Postal address

Suburb City Postal code

Supporting Documents:

- a letter is requested from both outgoing and incoming customer as a standard procedure – stating request
- company reg docs copies of ID are requested for both parties

Signature (existing owner) _____ Date

6. Billing and contact information

Invoice care of Name on invoice

Contact person's name and surname

Home no. Office no.

Mobile no. Alternate mobile no.

Fax no. Email address*

How do you want to receive your invoice? Email (Compulsory for all broadband services) Post (Additional charges may apply)

Physical address Unit/Stand/Street name and no.

Erf Suburb City Postal code

Postal address Same as above P O Box/P bag City Postal code

Delivery address Unit/Stand/Street name and no.

Erf Suburb City Postal code

Installation address* Same as physical address Unit/Stand/Street name and no.

Erf Suburb City Postal code

Billing address* Unit/Stand/Street name and no.

Erf Suburb City Postal code

7. Your order/services required

A. Broadband

Technology type DSL Fibre LTE 3G Satellite

When do you require your service? Y Y Y Y M M D D

How many lines do you require? Do you want to use your existing line? Y N

If yes, what is the service number?

Service provider of existing service

Your preferred service provider Openserve 3rd party Which service provider?

Product ID	Product description	Additional value-added services	Contract period			
<input type="text"/>	<input type="text"/>	VAS required (i.e. additional bundles)	MtM	12 ^a	24 ^a	36 ^a
<input type="text"/>	<input type="text"/>	VAS required (i.e. additional bundles)	MtM	12 ^a	24 ^a	36 ^a
<input type="text"/>	<input type="text"/>	VAS required (i.e. additional bundles)	MtM	12 ^a	24 ^a	36 ^a

Internet plan Internet plan required

(Factors that can affect your speed may include: Distance from the exchange to your home; Peak internet usage times; The number of people sharing your broadband connection within your home; You may have reached your Telkom Internet SoftCap)

Self-install (no technician dispatch) Y N (installation charges applicable for month to month contracts)

Device insurance Y N Band Monthly premium R

Telkom SA SOC Ltd is an authorised Financial Services Provider, FSP number: 46037, underwritten by Mutual & Federal Risk Finance Ltd, a member of the Old Mutual Group. I/We have purchased the Telkom Cellular Insurance and hereby declare that it was done on a non-advice basis. Non-advice in respect to a purchase means that the Telkom Representative did not provide advice, did not make a recommendation, nor provided guidance or made a proposal of a financial nature in respect to Telkom Cellular Insurance. A Telkom Cellular Representative presented the benefits and features of Telkom Cellular Insurance which allowed me to make an informed decision of my/our own.

Full name Signature Date

B. Voice

Technology type Fixed Mobile When do you require your service? Y Y Y Y M M D D

VOIP (Standard SIP) Y N Number of Session

How many lines do you require? Do you want to use your existing line? Y N

If yes, what is the service number?

Device add-on Device required

Mobile spend limit R (See Section 8. Agreement for details) Itemised billing (only available on fixed) Y N

Device insurance Y N Band Monthly premium R Corporate preferential deal/self-pay Y N

Screen insurance Y N Band Monthly premium R

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Full name Signature Date

C. Mobile or Fixed number to be ported to Telkom

Service provider of existing service

Product ID	Product description	Additional value-added services	Contract period			
<input type="text"/>	<input type="text"/>	VAS required (i.e. additional bundles)	MtM	12 ^a	24 ^a	36 ^a
<input type="text"/>	<input type="text"/>	VAS required (i.e. additional bundles)	MtM	12 ^a	24 ^a	36 ^a
<input type="text"/>	<input type="text"/>	VAS required (i.e. additional bundles)	MtM	12 ^a	24 ^a	36 ^a

Account classification at DSP* prepaid, postpaid or hybrid	Account type at DSP* consumer or business	DSP*	Account no. at DSP* (per invoice)	Account name at DSP* (per invoice)	Mobile number	RICA person name (person RICA'd at DSP*)	RICA person ID/company reg. no.	Requested port date YYYY/MM/DD
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

- I am porting to Telkom.
- I acknowledge that, in the event of donor service provider rejection, my service will be activated with a Telkom 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 reasonable 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.
- I have read, understood and hereby agree to the terms and conditions as set out in the application form.

Signature Date

*DSP = Donor/Existing Service Provider. ^aOnly available to selected 3rd party providers. [#]Early cancellation of a fixed term agreement will be subjected to termination fees.

8. Agreement

I, being the undersigned, declare, agree and confirm that:

1. 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.
2. The information supplied herein with regard to me is complete, true and correct as at date of signature/electronic processing hereof.
3. Electronic processing of the transaction (telephonically or via internet portal) will be binding on me, 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.
4. I shall be in breach of the Agreement by cancelling any debit order without the prior written consent of Telkom or where any debit order payment is returned unpaid or stopped. In such case, Telkom will have the right to suspend my account until such arrears amounts, together with interest thereon at the interest rate have been received and paid in full. Telkom furthermore reserves the right to appoint external collection agencies that will be authorised to act on Telkom's behalf in the collection of any outstanding amounts. In addition, Telkom and/or its authorised collection agencies will also have the right to make use of NAEDO to collect the arrears amount, in which case I will be liable for all associated costs.

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

1. Telkom's standard terms and conditions for the provision of electronic communication services and products (fixed-line services and products), www.telkom.co.za/sites/aboutus/regulatory/termsandconditions/.
2. Telkom mobile subscriber terms and conditions (mobile services and products) available at www.telkom.co.za/sites/aboutus/regulatory/termsandconditions/.
3. Product-specific terms and conditions related to the service and/or product I have applied for; 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.
4. Spend limit refers to a maximum amount set to allow customers to purchase additional data bundles or stay connected by making OOB (Out Of Bundle) calls/usage in case they deplete their inclusive benefits during the month. Permanent spend limit for customers that renewed or signed new contracts with Telkom is automatically set at R1500 per month. However, customers can adjust their temporary and permanent spend limits by simply dialling *180# and choosing the Manage Spend Limit option on the USSD menu. Alternatively, it can be done through the Telkom portal by copying the following link into the browser: <https://selfservice.telkom.co.za/rococo/public/content/interstitial>. Note: Changes on the permanent spend limit are effective on the 1st of the following month, whereas changes on the temporary spend limit are effective immediately.

I declare myself familiar with and bound to the content of said terms and conditions. I hereby consent to Telkom credit-vetting this application.

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.

Do you require a copy of the terms and conditions? Y N If, yes Printed or Emailed

Email address

Full name Signature Date Y Y Y M M D D

9. RICA person(s)

Name and surname SA citizen Y N

ID no. Passport no.

Passport expiry date Y Y Y M M D D Type of permit/visa

Physical address Unit/Stand/Street name and no.

Suburb City Postal code

Name and surname SA citizen Y N

ID no. Passport no.

Passport expiry date Y Y Y M M D D Type of permit/visa

Physical address Unit/Stand/Street name and no.

Suburb City Postal code