



BORGTELECOM

SOUTH AFRICA

136 Carol Road, Silverfields, Krugersdorp, 1735 | Phone. +27 010 003 6939 | Reg. No. 2017/481965/07

WIRELESS SERVICES APPLICATION

Contact Details

(Please print clearly) (Mark applicable boxes with an X)

Contact Name _____ Cell _____
 ID No* _____ Country of Issue _____
 If Applicable: Company * _____ Section 21/Non-profit?
 CK/Reg No* _____ VAT No* _____
 Tel (O/H) (____) _____ Tel (A/H) (____) _____ E-mail _____
 Physical* _____ Postal* _____
 Address _____ Address _____

 Code _____ Code _____

*Required as per the Regulation of Interception of Communications and Provision of Communications-related Information Act, 2002

Payment Method (please complete attached debit order instruction)

MONTHLY BY Debit Order Credit Card
No other form of payment will be accepted but for Debit Order and Credit card

Debit Order Dates (Select date with X)
 25th 30th 5th

Subscription Details

Wireless Fibre Uncapped Packages Business
 Mark the box for the required plan with a X

<p>Vessel Plan</p> <p><input type="checkbox"/> 5 Mbps at R 900.00</p> <p><input type="checkbox"/> 10 Mbps at R 1,300.00</p> <p><input type="checkbox"/> 15 Mbps at R 1,600.00</p>	<p>Cube Plan</p> <p><input type="checkbox"/> 20 Mbps at R 2,505.00</p> <p><input type="checkbox"/> 30 Mbps at R 2,900.00</p> <p><input type="checkbox"/> 50 Mbps at R 4,500.00</p>
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Installation Price Excl. VAT

- R 3,080.00

I confirm that Borg Telecoms' Acceptable Use Policy and Standard Terms and Conditions as they may exist from time to time shall apply to any Agreement concluded between Borg Telecom and me. I confirm that I am aware that they will be accessible to me via the Internet on Borg Telecoms' website (<http://www.borgtelecom.co.za>). I confirm that a pro-rata fee may be applicable. I hereby confirm that the above contact details of the applicant/signatory are true. Link network equipment is the property of Borg Telecom which is on a rental to the site and will be decommission on cancellation. Customer will be responsible for an insurance of the equipment.

SIGNATURE: _____ DATE: _____





BORG TELECOM PTY LTD TRADING AS BORG TELECOM

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder): _____

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

Type of Account: Current (cheque) / Savings / Transmission

Amount: _____

Date: _____

Contact Number: _____

Abbreviated Name as Registered with the Bank: **BORGTELECO**

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").
I / We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my / our abovementioned account at my / our above-mentioned Bank (or any other bank or branch to which I / we may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I / We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

_____ Agreement reference number is _____

(Assisted by)

