## **CUSTOMER APPLICATON FORM (CAF)**

(Please complete in full)

Note: If you have an existing account with Neotel and would like to apply for additional services or if



## **PART A: EXISTING CUSTOMERS**

you have previously provided to	ins information to Neoter their please provide only the details below.
ID Number:	
Account Number:	
Order Number:	
PART B: NEW CUSTOMERS	
Title:	
Initials:	
First Name:	
Surname:	
Date of Birth:	
Passport/Identity No:	
Identity Type:	
Passport Expiry Date:	
Nationality:	
Gender:	
Marital Status:	
If other, please specify:	
Occupation	
Address where the service will	be used
Physical Address:	
City:	
Province:	
Special Instruction (s)	
Your Neotel Number:	

Neotel (Pty) Ltd www.neotel.co.za

Reg No. 2004/004619/07

44 Old Pretoria Main Road, Halfway House, Midrand, 1685, Gauteng South Africa
Telephone number +27 (0)11 585 0000 Facsimile number +27 (0)11 585 0001
DIRECTORS: N Srinath\* (Non-Executive Chairman) S Joshi\*\*\*\* (Managing Director & Chief Executive Officer) VA Kumar\* AK Pandey\* K Memani

FJP Ndoroma\*\* S Baweja\* R Dhawan\* SG Ranade\*

ALTERNATE DIRECTORS: WM van der Vyver\*\* C Sassoulas\*\*\*

(\*Indian, \*\*Namibian, \*\*\*French, \*\*\*\*New Zealander)

## **PART C: CONTACT DETAILS**

Home Telephone Number:						
Mobile Number:						
Fax Number:						
E-mail address:						
Postal Address:						
Code:						
Residential Address:						
Code:						
Delivery Address:						
Code:						
Residence Type:						
Name of Company:						
Physical Address:						
Code:						
Landmarks:						
Special Delivery Instructions:						
PART D: EMPLOYER DETAILS						
Employers Name:						
Employers Industry:						
Employers Telephone Number:						
Period at Current Employer:		Years			Months	
Monthly Gross Income:			<u> </u>			
Monthly Nett Income:	(if available)					
Pay Date:	Indicate applicable	e with an X		15	25	30
Period at Previous Employer:		Years		1	Months	<u> </u>
	I.	1	<u>I</u>		_1	

## **PART E: SUMMARY OF CHARGES**

Product Monthly Charge:				
Connection Fee:				
VAS:				
Total Charge (Inc./Exc. VAT):				
PART F: SERVICE INFORMA	TION (Number requiren	nents)		
Product Name:				
Device Type:				
Contract Type:				
New No. Required:				
Value Added Services:	CUG	Yes	No	Monthly Charge
Existing Phone No:				
Existing Phone No (s)/ No Range:				
Existing Operator:				
Account no. with existing Operator:				
Alternative number (unsuccessful porting):				
Numbers in CUG:				
PART G: ORDER DETAILS				
Order No:				
Order Type:				
Order Status:				
Account No:				
Delivery to Customer Residence required:	Yes		No	
PART H: PAYMENT DETAILS	<u>.</u>			
Account Name:				
Account Number:				
Account Type:				
Bank:				
Branch:				
Branch Code:				
	unless otherwise agreed	to with Neotel	Credit Manag	
*Debit Order:	No			Yes

Dall'( Oalaa Data				
Debit Order Date:				
Date Account Open:				
Credit Card Type:				
Credit Card No:				
Credit Card Exp Date:				
PART I: BILLING DETAILS				
	Indicate with a X whichever	r is applicable		
Billing Delivery Method:	E-mail		Post	
PART J: CONSENT CLAUSE		,		
Neotel may:				
Perform a credit search on when assessing the Applica	the Applicants records with nts application for Credit/Insur		Registered Cre	dit Bureau
2. Monitor the Credit Applicant	ts/Policy holders payment be		ng his/her record	at one or
<ul><li>more of the Credit Bureau.</li><li>3. Use new information and day</li><li>Applications/Policies.</li></ul>	ata obtained from Credit Bu	reau in respect of th	e applicant's fu	ture Credit
4. Record the existence of the				
	of how the applicant has perf n meeting his/her obligations			payment is
6. All porting requests are subj	ect to Operator Approval.			
PART K: CUSTOMER DECLA	RATION			
PART K: CUSTOMER DECLA	RATION		the ur	ndersigned
	ctual payment of all debts and		el, howsoever ar	
I, (full Names & Surname)undertake to make due and pun	ctual payment of all debts and undertaking shall remain in fo	rce until cancelled by	el, howsoever ar Neotel	ising out of
I, (full Names & Surname)undertake to make due and pun this contract and agree that this I expressly renounce the benefit	ctual payment of all debts and undertaking shall remain in fo	rce until cancelled by exclusion, s	el, howsoever ar Neotel ecession, action	ising out of
I, (full Names & Surname)undertake to make due and punthis contract and agree that this I expressly renounce the benefit received, and non causa debit.	ctual payment of all debts and undertaking shall remain in forts of the legal exceptions of the payment method selected	rce until cancelled by exclusion, stabove in favour of Ne	el, howsoever ari Neotel secession, action eotel (Pty) Ltd wi	ising out of
I, (full Names & Surname)undertake to make due and punthis contract and agree that this I expressly renounce the benefit received, and non causa debit. Please deduct payment as per the	ctual payment of all debts and undertaking shall remain in for its of the legal exceptions of the payment method selected the	rce until cancelled by exclusion, division, seabove in favour of Newson Conditions that a	el, howsoever ari Neotel secession, action eotel (Pty) Ltd wi	ising out of n, no value th the total Application
I, (full Names & Surname)undertake to make due and punthis contract and agree that this  I expressly renounce the benefit received, and non causa debit.  Please deduct payment as per the amount owing by me on due date.  I have read, understood and agreement form and declare that the information of the contract	ctual payment of all debts and undertaking shall remain in for its of the legal exceptions of the payment method selected to be bound by the Terms mation given above is true are.	exclusion, division, seabove in favour of Ne	el, howsoever and Neotel  Recession, action ectel (Pty) Ltd with the eccompany this accompany this accompany to N	ising out of n, no value th the total Application eotel (Pty)
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