

**APPLICATION FOR INTERNET AND TELEPHONE SERVICES**

Please complete this form and return it to DigiComs with supporting documentation.

<b>Enquiries</b>		<b>Bloemfontein Office address</b>	<b>Garden Route Office address</b>
<b>Email</b>	<a href="mailto:admin@digiComs.co.za">admin@digiComs.co.za</a>	The Towers Centre	1st Floor, Liberty Centre
<b>Tel</b>	087 365 6060	Shop 34	98 Meade St
<b>Fax</b>	086 750 3335	1 Koppie Road	George
		Langenhovenpark	6529
		Bloemfontein	
		9301	

**APPLICANT DETAILS (Entity responsible for utilities bill)**

Services Required  Internet  Telephone

Company registered name and Trading name or Name & Surname

Type of business  Company  Partnership  Sole Proprietor  Trust  Personal

Company/IT Reg. No. or ID Nr.

VAT Registration No.

Physical address

Postal Address

E-mail address

Telephone No.  -  Cell No.  -

Alternate Contact Telephone No.  -  Cell No.  -

Contact person (billing)

Please Indicate Payment Term:  **EFT :**  **Debit Order:**

Current Employer (If personal)

Employer Telephone No. (If personal)

Years have you been working for your current Employer

Day on which Internet/Telephone is to be connected

I hereby apply for the Internet/Telephone services. I certify that the above information is true and correct.

I acknowledge that any false representation could lead to the immediate termination of services that may be rendered to me in any agreement entered into with DigiComs as a result of this application.

I hereby give my full consent to DigiComs Telecommunications to access the data on the Credit Bureau that will be used together with the data provided on this application to apply for the services to be rendered by DigiComs Telecommunications to myself as the client.

Signed on this  (day) of  (month)  (Year)

Signature \_\_\_\_\_ Designation \_\_\_\_\_

Full Names and Surname (PRINT) \_\_\_\_\_

If referred by existing DigiComs client, please provide referral clients DigiComs Account Number:

**REQUIRED DOCUMENTATION**

- PERSONAL** PLEASE ATTACH A CLEAR COPY OF YOUR ID AND PROOF OF ADDRESS AS WELL AS YOUR LATEST PAYSリップ
- BUSSINESS** PLEASE ATTACH A CLEAR COPY OF DIRECTORS/MEMBERS/OWNERS ID DOCUMENTS, BUSINESS PROOF OF ADDRESS, BUSINESS REGISTRATION DOCUMENTS, BUSINESS BANK STATEMENT AND VAT REGISTRATION IF APPLICABLE