

Authorised Signatory Name:..

Business Contract

Vodacom Commercial Park, 082 Vodacom Boulevard, Vodavalley, Midrand, 1685 South Africa P.O. Box 3306, Cramerview 2060 Tel: 082 1940 www.vodacom.co.za

Vodacom Service Provider Company (Pty) Ltd (Hereinafter referred to as "VSP") Reg.No. 1991/001471/07 Vat Reg.No. 4190152084

Contract No:	BC	0509650
Referral No:		:.
Account No:		
Approval No:	,=====	

Ver 1.0 02/11

	Reg.No. 1991/001471/07	Yat neg. No. 4130 132004	No:	
Customer Details				
Do you have an existing account?	Yes No	Account No:	Cell No	
Company Registered Name:			Registration No:	
Trading As:			VAT Registratio	
Type of Business:				
Public Company ((Pty) Ltd	00	Municipal Corporatio	on + Co-op Other
Trust (Reg.)	Trust (Non-Reg.)	Public Service Sec	tor Government	Section 21
Professional I Partnership	Non Professional	Body Corpoi (Reg.)	Body Corporate (Non-Reg.)	Clubs
Nature of Business				od in Existence: Years Months
/Sector:				
Premises: Owned Rent	Landlord:		Tel. No:	
Physical Physical				
Address: Unit No:	Building \			
Street No:	Name:		Postal	~~~~~~~~
Street Name:	├ ┼┼┼	┾┼┼┼	Address:	
Town/City:	 ╬╬╬╬	╎╎╏╏╏╏		Code:
	vince:			
			V V to 34 Period at Previous	
Residence: Owned Living with Parents		Period at Current Residence:	Y Y M M Period at Previous Residence:	s Y Y M M
Would you like to receive your Bill via E	mait? Yes No	Email Address:		بالللللللل
Cellphone Administrator		~-~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Name:			Tel No:	
Fax No:		Email Address:		
Details of Directors / Proprietor	rs / Partners			
Principal 1 Name & Surname:				
Designation:			ID No:	
Physical Address:			Residential	
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Principal 2				
Name & Surname:				
Designation:			ID No:	
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Principal 3 Name & Surname:				
Designation:	$\uparrow \uparrow \uparrow \uparrow \uparrow \uparrow$		ID No:	
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Payment Details - Debit Order (I		the payment of the account if different fel. No:	nt from the cellphone administrator) Fax No: ()	
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Address:	ransmission Saving	Debit Order 1st	7th 15th 20th	25th 27th Last Working
	3aVing	Date:		Day
Acc. Holders Name:			Account No:	
Bank Name:		Branch Name:	لللللللل	Branch Code:
Please deduct payment as per the pay	ment method selected ab	oove in favour of Vodacom Service Pro-	der Company (Ptv) Ltd with the total amount o	wing per month under this agreement.

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