



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: | |

Customer Details

Do you have an existing account? Yes No Account No: Cell No:

Company Registered Name: Registration No:

Trading As: VAT Registration No:

Type of Business:

Public Company (Pty) Ltd cc Municipal Corporation + Co-op Other

Trust (Reg.) Trust (Non-Reg.) Public Service Sector Government Section 21

Professional Partnership Non Professional Body Corporate (Reg.) Body Corporate (Non-Reg.) Clubs

Nature of Business /Sector: Period in Existence: Years Months

Holding Company:

Premises: Owned Rent Landlord: Tel. No:

Physical Address:

Unit No: Building Name:

Street No: Postal Address:

Street Name:

Town/City: Code:

Code: Province:

Residence: Owned Living with Parents Rent Other Period at Current Residence: Y Y M M Period at Previous Residence: Y Y M M

Would you like to receive your Bill via Email? Yes No Email Address:

Cellphone Administrator

Name: Tel No:

Fax No: Email Address:

Details of Directors / Proprietors / Partners

Principal 1
 Name & Surname: ID No:

Designation:

Physical Address: Code: Residential Tel No: Period at Address: Years Months

Principal 2
 Name & Surname: ID No:

Designation:

Physical Address: Code: Residential Tel No: Period at Address: Years Months

Principal 3
 Name & Surname: ID No:

Designation:

Physical Address: Code: Residential Tel No: Period at Address: Years Months

Payment Details - Debit Order (Person responsible for the payment of the account if different from the cellphone administrator)

Name: Tel No: Fax No:

Surname:

Email Address:

Bank Account Type: Current Transmission Savings Debit Order 1st 7th 15th 20th 25th 27th Last Working Day

Acc. Holders Name: Account No:

Bank Name: Branch Name: Branch Code:

Please deduct payment as per the payment method selected above in favour of Vodacom Service Provider Company (Pty) Ltd with the total amount owing per month under this agreement.

Authorised Signatory Name: Signature:

