



012 010 0202
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MONTHLY
 PAY-IN-ADVANCE
SERVICE
 DEBIT ORDER
 COMPULSORY
 FOR THE PAID
 PACKAGES ONLY

SIGN-UP FORM FOR FIBRE INTERNET SERVICE

APPLICABLE FOR DIGITAL COMPLETION:

THIS FORM HAS DIGITAL FILLABLE FIELDS TO COMPLETE & SUBMIT ELECTRONICALLY - DO NOT OPEN THE FORM RECEIVED WITHIN A EMAIL APPLICATION OR WEB BROWSER, SAVE AND OPEN IT IN A KNOWN LOCATION ON YOUR DEVICE

PLEASE NOTE:

BY APPLYING / SIGNING UP FOR OUR SERVICES, YOU CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT (POPI ACT) TO YOUR PERSONAL INFORMATION BEING OBTAINED, UTILISED, AND STORED BY THE COMPANY.

DETAILS OF PERSON TO BE REGISTERED AS ACCOUNT HOLDER

| | | | |
|--|----------------------|---------------|----------------------|
| NAME & SURNAME | <input type="text"/> | MOBILE NUMBER | <input type="text"/> |
| NAME OF SPOUSE / PARTNER | <input type="text"/> | MOBILE NUMBER | <input type="text"/> |
| E-MAIL ADDRESS FOR INVOICES / STATEMENTS | <input type="text"/> | | |
| COMPLEX / ESTATE NAME | <input type="text"/> | UNIT NO. | <input type="text"/> |
| NAME OF SALES REPRESENTATIVE / SOURCE OF REFERENCE | <input type="text"/> | | |

FIBRE INTERNET PACKAGE OPTIONS

| | | |
|---|-------------------------|--|
| <input type="checkbox"/> | 10 Mbps Package is FREE | SYMMETRIC • UNCAPPED • UNSHAPED • 1 TB FUP APPLIES # |
| <input type="checkbox"/> | 20 Mbps @ R 330 p/m | SYMMETRIC • UNCAPPED • UNSHAPED • 1 TB FUP APPLIES # |
| <input type="checkbox"/> | 40 Mbps @ R 430 p/m | SYMMETRIC • UNCAPPED • UNSHAPED • 1 TB FUP APPLIES # |
| <input type="checkbox"/> | 50 Mbps @ R 580 p/m | SYMMETRIC • UNCAPPED • UNSHAPED • 1 TB FUP APPLIES # |
| # 1 TB FUP APPLIES - Once reached, speed throttled to 25% of Original Package Speed | | |

TERMS & CONDITIONS OF SERVICE

REQUIRE I.D COPY • CLICK ON TO ATTACH Y WHEN DONE

* THIS IS A MONTHLY PAY-IN-ADVANCE SERVICE

INTERNET ACCESS EQUIPMENT REMAINS THE PROPERTY OF ITTX

* PAYMENT BY DEBIT ORDER IS COMPULSORY FOR PAID PACKAGES

* INTERNET SERVICE WILL BE SUSPENDED WITHOUT PRIOR NOTICE SHOULD THE DEBIT ORDER PAYMENT BE UNSUCCESSFUL/UNPAID AND A R100 RE-CONNECTION FEE CHARGED FOR RE-CONNECTION.

* YOU WILL BE LIABLE FOR PAYMENT FOR ALL DAYS OF SUSPENDED SERVICE IF YOUR ACCOUNT IS UNPAID / OVERDUE.

SERVICE CANCELLATION: A 1 CALENDAR MONTH NOTICE IS REQUIRED ON EMAIL SENT TO accounts@ittx-telecoms.co.za

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND ACCEPT ALL TERMS & CONDITIONS LISTED ON THE LEFT

SIGNED BY : (TYPE NAME & SURNAME)

SIGNATURE : (DIGITAL OR MANUAL)

SIGNATURE

* APPLICABLE TO THE PAID PACKAGES ONLY



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BANK DEBIT ORDER INSTRUCTION

NAME : _____ CONTACT NUMBER : _____

ADDRESS : _____

DEBIT AMOUNT : _____ COMMENCEMENT MONTH : _____ ON THE **1st** **15th** **26th** MONTHLY

Abbreviated name as registered with the bank: **Ittx Tele**

THE DETAILS OF MY/OUR ACCOUNT ARE AS FOLLOWS :

BANK : _____ BRANCH NAME: _____

BRANCH NO. : _____ ACCOUNT NAME : _____

ACCOUNT NUMBER : _____

TYPE OF ACCOUNT : (Cheque, Savings, Current, Transmission etc.) : _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

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

On the **1st** the **15th** or on the **26th** of each and every month, commencing on (Month) : _____

In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I / We understand that the withdrawals hereby authorised 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. I / We shall not be entitled to any refund of a mounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 to 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 by: (full Name/s and Surname) : _____

ID Number : _____ at _____ on this _____ day

of _____ 20_____

Press the SUBMIT FORM button on the left AFTER saving the document upon completion of digital signature.

If not signing digitally, press the PRINT FORM button to complete & submit manually to: sales@ittx-telecoms.co.za

Press the CLEAR FORM button to re-enter info if need be.

DIGITAL OR MANUAL SIGNATURE