

VOIP APPLICATION FORM

Package Details

VoIP	☐ VoIP line rental to call Telkom landline network numbers and mobile network numbers for R89pm
	☐ VoIP line rental + 120 minutes FREE to call Telkom landline network numbers and mobile network numbers for R129pm
	☐ Wired Phone Option: R1235 inc. VAT once-off OR R115 inc. VAT per month for 12 months Specs: • Headset Port • WiFi Support: None • Dimensions: 159mm x 173.3mm x 170.4mm • Wall mountable 
	☐ Wireless Phone Option: R2700 inc. VAT once-off OR R250 inc. VAT per month for 12 months Additional phone: R1625 incl. VAT once-off OR R150 incl. VAT per month for 12 months (if you require two phones, both need to be wireless). Specs: • Colour screen with intuitive user interface • Up to 18-hour talk time • Up to 200-hour standby time • Quick charging: 10-min charge time for 2-hour talk time • Headset connection via 3.5 mm jack • Charger wall mountable 

All pricing is based on stock availability. If prices change for any reason, you will be quoted accordingly.

Benefits of using VoIP:

- All calls to other residents (Great Oaks) on the VoIP platform are free of charge.
- Calls to overseas Telkom and mobile numbers are cheaper per minute than on the normal Telkom system.
- Easily divert calls to your mobile number when away or on holiday.
- Voicemail to email facility.

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PERSONAL DETAILS

Name & Surname			
Email Address			
Address			
ID Number			
Passport Number <i>Non-SA residents</i>			
Contact Number		Cellphone Number	
PORTING DETAILS <i>(if applicable)</i>			
Account Holder Name			
Telephone Number to be ported			
Name of Provider			
Physical Address			
Porting Date			

PAYMENT DETAILS

Account Holder Name	
Bank	
Account Number	
Branch Code	
Account Type	

CALL TARIFFS

- All Mobile Networks: 90c ex VAT per minute
- Landline local and National: 40c ex VAT per minute
- On-net (Faircape Villages) calls: Free

SIGNATURE _____

DATE _____



Faircape Communications CC t/a Faircom

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EMAIL info@faircom.co.za

REG NO. 2007/03172/07

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A. Authority/Mandate: Paper/Electronic

Given by (name of Account holder):

Address:

Bank Account Detail

Bank Name:

Branch Name and Town:

Branch Number:

Account Number:

Type of Account:

Date:

Contact Number:

Amount:

Current (cheque) / Savings / Transmission

To (Name of Beneficiary):

Address:

Abbreviated Shortname to be used: **FAIRCOM**

Refer to contract reference number _____ ("the Contract Reference Number")

I/We hereby authorise Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our above mentioned account at my/our above mentioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I/we agree that the first payment instruction will be issued and delivered on _____(date) and thereafter regularly on the 1st of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

I/we acknowledge that all payment instructions issued by you will be treated by my/our above mentioned bank as if the instructions had been issued by me/ us personally.

C. 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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed on thisday of.....

.....
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

.....
ASSISTED BY
FOR OFFICE USE

.....
CAPACITY

E. AGREEMENT REFERENCE NUMBER

THE AGREEMENT REFERENCE NUMBER IS