

CELLFIND CLIENT APPLICATION FORM		PASTEL ACCOUNT NO:	
NAME OF REPRESENTATIVE		START DATE:	
<i>*Please fill in the form and return by fax to +27 (0) 86 759 2195 or email sales@cellfind.co.za</i>			
ADDRESS:	300 Witch-Hazel Avenue, Eco Fusion 4, Office Block C, Centurion	POSTAL CODE:	0169
ACCOUNT NAME:	Cellfind (PTY) Ltd	REGISTRATION DETAILS:	2003/020255/07
EMAIL:	debtors@Cellfind.co.za	REQUIRED DOCUMENTATION:	
REQUIRED DOCUMENTATION:			
COPY OF ID: <input type="checkbox"/>	REGISTRATION DOCUMENTS: <input type="checkbox"/>	WASPA NON-MEMBER AGREEMENT <input type="checkbox"/>	
VAS SCHEDULES: <input type="checkbox"/>	(PTY) LTD <input type="checkbox"/> CC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>	INDIVIDUALS: PROOF OF RESIDENCE <input type="checkbox"/>	

CLIENT DETAILS

CLIENT/ BUSINESS NAME:			
NATURE OF BUSINESS:			
ADDRESS (PHYSICAL) / DOMICILIUM:			
ADRESS (POSTAL):		CODE:	
		CODE:	
COMPANY REG. NUMBER:		VAT NUMBER:	N/A
TELEPHONE NUMBER:		FACIMILISE:	
BUSINESS /TECHNICAL / FINANCIAL CONTACTS OF CLIENT			
BUSINESS	NAME OF CONTACT:		
	DESIGNATION:		
	E-MAIL ADDRESS:		
	TELEPHONE NO:	MOBILE NO:	
<i>*This above contact will receive all related communication with regards to pricing updates, change notifications and system alerts</i>			
FINANCIAL	NAME OF CONTACT:		
	DESIGNATION:		
	E-MAIL ADDRESS:		
	TELEPHONE NO:	MOBILE NO:	
TECHNICAL	NAME OF CONTACT:		
	DESIGNATION:		
	E-MAIL ADDRESS:		
	TELEPHONE NO:	MOBILE NO:	

METHOD OF PAYMENT

Payment Terms: 30 days from date of invoice. Interest on overdue accounts will be charged at 9% per annum.

NAME OF ACCOUNT:		DEPOSIT REQUIRED:	
ACCOUNT NO:		NAME OF BANK:	
ACCOUNT TYPE:	Transmission	Current	NAME OF BRANCH:
	EFT	Savings	

CANCELLATION PROCEDURE: Clients making use of any of Cellfind's Services and/or the Cellfind System must provide Cellfind with a cancellation request, in writing, 30 days prior to the date on which the cancellation will be affected. Please send your request to operations@cellfind.co.za

The Client, by signing this Application Form, acknowledges and consents to entering into a service contract with Cellfind (Pty) Ltd and warrants that he /she / it is duly authorized to do so. He/she/it acknowledges that all information provided hereon is true and correct and by signing this Application Form the Client shall be bound by Cellfind' s Terms and Conditions.

DATE:		DATE:	
SIGNATURE (1):		SIGNATURE (2):	
NAME (Duly authorized):		NAME (Duly authorized):	
DESIGNATION:		DESIGNATION:	
SIGNED AT:		SIGNED AT:	

I/We, the Client, hereby acknowledge that I/we have read and understood the Cellfind Terms and Conditions which are duly incorporated hereby and which by our above duly authorized signature(s) we agree to be bound by.



Cellfind (Pty) Ltd
 300 Witch-Hazel Avenue, Eco Fusion 4, Eco Park, Centurion
 Facsimile: 086 759 2195
 Telephone: 010 442 3100

VAS SERVICES SCHEDULE

PASTEL NUMBER	
MASTER AGREEMENT #	
CLIENT NAME	
CLIENT ADDRESS	
CLIENT CONTACT PERSON	
TELEPHONE NUMBER	
EMAIL ADDRESS	

THE TERMS OF THE CELLFIND APPLICATION CONCLUDED BETWEEN THE PARTIES WITH REFERENCE NUMBER AS SPECIFIED ABOVE WILL APPLY TO THIS SERVICE ORDER AND ALL SERVICES DESCRIBED HEREIN WILL BE PROVIDED SUBJECT TO SUCH TERMS.

Once off/ Monthly Fees	COVID-19 Solution: USSD String:	
	Charge Type	Cost excl. VAT
	Account Creation & Credit Vetting	R 1500.00
	Monthly Subscription	R 1500.00 excl. VAT
	Monthly Management Fee	Waivered
	COST PER 20 Seconds	R 0.23 to R 0.29 excl. VAT

	Reporting	
	Email 1	
	Email 2	
	Email 3	
	Email 4	

Comments

Initial Here

Signed at:		Signed at:	
Date:		Date:	
For and on behalf of		For and on behalf of CELLFIND (PTY) LTD	
Signature		Signature	
Name		Name	
Office		Office	
	I warrant that I have been duly authorised to sign		I warrant that I have been duly authorised to sign

The remainder of this page has intentionally been left blank

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