

### 3G EVDO PREPAID SERVICE

#### PERSONAL DETAILS

Title    The Hon     Prof     Miss     Mr     Dr     Rev     other (please specify) \_\_\_\_\_

Surname \_\_\_\_\_ Full name(s) \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 Occupation \_\_\_\_\_

Identity/Passport number \_\_\_\_\_ Citizenship \_\_\_\_\_

Postal Address \_\_\_\_\_ Post Office \_\_\_\_\_ Town \_\_\_\_\_

Contact details Telephone number    Home \_\_\_\_\_    Office \_\_\_\_\_    Cell \_\_\_\_\_  
Fax \_\_\_\_\_    Email \_\_\_\_\_

#### COMPANY DETAILS (If applicable)

Registered Company Name \_\_\_\_\_

Type of Business    Sole Proprietor     Private     Public     Partnership     Close Corporation

Postal address \_\_\_\_\_ Post office \_\_\_\_\_ Town \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone number \_\_\_\_\_

I/We \_\_\_\_\_ the undersigned,

1. Declare that the information provided in this application and copies of attachments are true and correct.
2. Understand that the telephone service required will be subject to the "Post and Telecommunications Act, 19 of 1992".
3. Do hereby accept and agree to the terms and conditions of the contract.

Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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#### TELECOM NAMIBIA USE ONLY

Device Type/Model \_\_\_\_\_

S/N \_\_\_\_\_ ESN \_\_\_\_\_

Customer Relationship Manager     Sales Team     Teleshop

Full Amount collected    YES     NO     If NO please specify: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Signature Supervisor/ Manager: \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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