



t/a KRATOS WIRELESS

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lte@kratos.co.za
or sales@kratos.co.za
Director: Analene Rungan

INSTRUCTIONS:
PRINT THIS FORM, THEN COMPLETE APPLICATION BY CHECKING
REQUIRED OPTION, FILLING IN RELEVANT DETAILS AND SIGNING BELOW
AND INITIALING OVERLEAF.
AND SCAN THE SIGNED FORM AND EMAIL IT TO:
email: accounts@kratoswireless.co.za

PRODUCT []

BROADBAND SUBSCRIBER APPLICATION AND SUBSCRIPTION AGREEMENT

I hereby apply for a Kratos Broadband Subscription Service as follows (indicate by checking selected option/ s), payable monthly in advance and subject to 30 days notice except where minimum months specified. No Cancellation on any LTE products, Full term required.

NAME:
INSTALLATION ADDRESS:
CO REG / ID NUMBER:

START DATE:
CONTACT TEL:
EMAIL:
CELL NUMBER:
VAT NUMBER:

OPTIONAL ITEMS (Monthly Subscription)

- VOIP DID R 99-00
PUBLIC IP R179-00
VOIP Handset Rental: R129-00
LTE BROADBAND
LTE BROADBAND DELIVERY
LTE BROADBAND INSTALLATION
LTE BROADBAND MONTH TO MONTH

OPTIONAL ITEMS (Once- off cost)

- Home / Biz Installation of Outdoor CPE & Cabling: R2500-00 / R3500-00
Additional cabling over 15m R 20-00 per/ m

The service to be installed at the address indicated above and to be supplied in terms of Kratos Standard Terms and Conditions (obtainable at www.kratos.co.za/terms) I understand that the service is a shared community service and is supplied on a best-effort basis and no guarantee regarding download speeds or availability is implied.

1. Authority/Mandate: Paper/Electric

Given by (Name of Account Holder)
Address:

Bank Account Detail

Bank Name:
Branch Name and Town:
Branch Number:
Account Number:
Type of Account: Current (Cheque) / Savings / Transmission
Date:
Contact Number:
Amount:

To (Name of Beneficiary): Kratos Broadcasting Computers Sound (Pty) Ltd
Address:

Abbreviated Shortname to be used: KRATOSWIRE

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

I/We hereby authorize NETCASH (PTY) LTD to issue and deliver payment instructions to your banker for collection against my/our abovementioned 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.

I /we agree that the first payment instruction will be issued and delivered on 01 15 (date) and thereafter regularly on the 01 15 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 abovementioned 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 this... day of ... 20... SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

ASSISTED BY FOR OFFICE USE CAPACITY

E. AGREEMENT REFERENCE NUMBER THE AGREEMENT REFERENCE NUMBER IS

