



Vox Application Form

Dealer/Sponsor number
(the person who introduced you.)

500791

| | | | | | |
|----------|-----------------------|--------|------------------|---------|------|
| Register | Register as: Customer | Dealer | Type: Individual | Company | Date |
|----------|-----------------------|--------|------------------|---------|------|

| | | | | | |
|-----------------|----------|-----------|-----|------|----|
| Contact Details | Initials | Title: Mr | Mrs | Miss | Dr |
|-----------------|----------|-----------|-----|------|----|

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

| | |
|---------|---------|
| Tel (H) | Tel (W) |
|---------|---------|

| | |
|------|-----|
| Cell | Fax |
|------|-----|

| |
|--------------------|
| ID/Passport Number |
|--------------------|

Email

Company Details (Only applicable if registering as a business entity.)

Company Name

Trading as

| | | | | |
|--------|----|-----------|-----------------|-------|
| Reg No | CC | Pty (Ltd) | Sole proprietor | Trust |
|--------|----|-----------|-----------------|-------|

| | | |
|---------------------|----|------------|
| Vat Registered: Yes | No | Vat Number |
|---------------------|----|------------|

Address Details

Physical

| | | | |
|----------|------|--------|------|
| Province | City | Suburb | Code |
|----------|------|--------|------|

Postal

| | | | |
|----------|------|--------|------|
| Province | City | Suburb | Code |
|----------|------|--------|------|

Delivery

| | | | |
|----------|------|--------|------|
| Province | City | Suburb | Code |
|----------|------|--------|------|

Banking Details

| | | | |
|-----------------------|--------|--------------|-------------|
| Account type: Savings | Cheque | Transmission | Credit Card |
|-----------------------|--------|--------------|-------------|

| | | |
|------|--------|-------------|
| Bank | Branch | Branch Code |
|------|--------|-------------|

| | |
|----------------|----------------|
| Account Holder | Account Number |
|----------------|----------------|

| | | | | |
|---|---|-------------|------------|------------|
| Income Tax Number (If registering as a dealer) | How would you like to pay? Debit Order | Credit Card | Type: Visa | Mastercard |
|---|---|-------------|------------|------------|

| | |
|--------------------|------------------------|
| Credit Card Number | Expiry Date (MM/YY) |
|--------------------|------------------------|

| | |
|---|---|
| CVV Number (Last 3 digits on back of card) | I hereby grant Vox Telecom (Pty) Ltd authority to debit my/our account with amounts payable by me/us. |
|---|---|

Terms and Conditions
I hereby acknowledge that I have read and understood all of the conduct rules and policies as outlined in the terms and conditions on the Vox website (www.vox.co.za) and agree and accept that they form part of this agreement.

| | | |
|-----------|------|-----------------------|
| Signed at | Date | Applicant's Signature |
|-----------|------|-----------------------|

Fax the signed application form to: 086 696 4362

To register as a dealer and also order a phone tick both the customer and dealer tick boxes