

METROFIBRE APPLICATION FORM

PRIMARY CONTACT INFORMATION						
First Name	Last Name _					
Cell Phone	Work Phone					
Email	ID/Passport Number					
Street Name	Street Number Building Name					
Unit Number	Suburb					
City	Provin	ice				
E	BILLING CONTACT INFO	RMATION				
First Name	Last Name					
Cell Phone	Work Phone					
		umber				
TE	CHNICAL CONTACT INF	ORMATION				
First Name	Last Name					
	Work Phone ID/Passport Number					
	1D/1 assport 10					
	COMPANY INFORMA	TION				
CampanyNama	Danish	wation Nivershau				
	_	ration Number				
VAT Number		D. C.P Marris				
		_ Building Name				
City	Unit Number	Province				
ID Document	X Proof of Residence	X Company Registration X				





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FIBRE INFORMATION						
Is Fibre Installation Required? Please confirm package type below: Pay for Installation Upfront with a If Already Installed, Free Activation						
MET	TROFIBRE HON	ME PACKAG	ES			
Please select the option that suits you best						
PACKAGE	SELECTION	PRICE	DOWNLOAD	UPLOAD		
GoActive 20/20		R 490	20MBPS	20MBPS		
GoActive 50/50		R 695	50MBPS	50MBPS		
GoActive 100/100		R 810	100MBPS	100MBPS		
GoActive 250/250		R 870	250MBPS	250MBPS		
GoActive 400/400		R 930	400MBPS	400MBPS		
GoActive 500/500		R1080	500MBPS	500MBPS		
	DEBIT ORDE	ER ONLY				
Signed at on this day of Terms and conditions are subject to change from time to time. Latest version available at https://www.activefibre.co.za/compliance/ftth-terms-and-conditions/						
I have read and accepted the terms a	nd conditions.					
Full Name	Date		Signat	:ure		





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MANDATORY DEBIT ORDER

Given By (Account Holder)	Cor	Contact Number		
Bank Name				
Account Number	Amount	Date		
Abbreviated Name as Registered with t	he Bank: B2ETECH			
This signed Authority and Mandate refer I / We hereby authorise you to issue and abovementioned account at my / our abtransfer my / our account) on condition obligations as agreed to in the Agreeme Authority and Mandate is terminated by days, and sent by prepaid registered pos	I deliver payment instructions to you ove-mentioned Bank (or any other b that the sum of such payment instruc nt and commencing on / me / us by giving you notice in writi	ank or branch to which I / we may ctions will never exceed my / our and continuing until this ng of not less than 20 ordinary working		
The individual payment instructions so the event that the payment day falls on automatically be the preceding ordinary	a Sunday, or recognised South Africa			
I / We understand that the withdrawals provided by the South African Banks an statement. Each transaction will contain provided to you should enable you to id issuing of any payment instruction.	d I also understand that details of ea na number, which must be included in	ch withdrawal will be printed on my bank n the said payment instruction and if		
Mandate I / We acknowledge that all payment insas if the instructions have been issued be		ted by my / our above-mentioned Bank		
	ed to any refund of amounts which y	me / us, such cancellation will not cancel you have withdrawn while this Authority		
Assignment I / We acknowledge that this Authority assigned to that third party, but in the a cannot be assigned to any third party.		,		
Signed at on	this day of			
(Signature as used for operating on the account)				

