SKYLITE

INFINITE POSSIBILITIES

# Application Form

Individuals fill in Sections A, C, D, E, F, G.
Businesses fill in Sections B, C, E, F, G

**Salesperson:** _____

Deal: _____ **New Line / Port / Transfer**

Current Network Provider: **Vodacom / MTN / Cell C / Other:** _____ Cell Number: _____

Sim Number (MTN Only): _____ Current Network Account Number: _____

## Section A: Individual Details

Title: _____ Initials: _____ Gender: _____ Marital Status: **Single/Married/Divorced/Widowed**

First Names: _____ Last Name: _____

ID / Passport: _____ ID Type: **SA ID / Passport** Passport Exp: _ _ / _ _ / _ _ _ _

Passport Country of Issue: _____ Home Tel: _____

Postal Address: _____ Code: _____

Email: _____ Cell Number: _____

Next of Kin First Name: _____ Last Name: _____

Relationship: _____ Contact Number: _____

## Section B: Business Details

Business Type: **Public Co. / PTY LTD / CC / Partnership / Sole Trader / Other** Reg. No.: _____

Company Name: _____ Vat No.: _____

Nature of business: _____ Trading as: _____

Email: _____ Tel. Number: _____

Postal Address: _____ Code: _____

Trading for (Years & Months): _____ Holding Company Name: _____

Reg. No.: _____ Premises: **Owned / Leased** Director ID: _____

Director / Administrator Name: _____ Email: _____

Permission to Market: **YES / No** Marketing Method: **Email / SMS / Tel.** Permission to credit check: **YES / NO**

## Section C: Physical Address

Unit Number: _____ Building Name: _____ Street Number: _____

Street name: _____ Town/City: _____

Code: _____ Province: _____ Residence Type: **Owned / Rent / Other**

Period at Current Residence: __ __ / __ __ / __ __ __ __ Period at Previous Residence: __ __ / __ __ / __ __ __ __

## Section D: Employment Details

Company Name: _____ Company Tel: _____

Contact Person: _____ Employer Industry: _____

Alternate Employer Tel.: _____ Salary Date (Day of Month): _____

Job Title: _____ Period at Current Employer: _____ Period at Previous Employer: _____

Gross Monthly Income: **R**_____ Spouse Monthly Income: **R**_____

## Section E: Payment Details

Bank Account Type: **Current / Transmission / Savings** Age of Account: _____

Account Holder: _____ Account Number: _____

Bank: _____ Branch: _____ Branch Code: _____

**Please deduct payment on the last business day of every month as per the method above in favour of Skylite with the total amount owing per month under this agreement.**

Authorized Signatory Name: _____ Signature: _____

## Section F: Surety

Title: _____ Initials: _____ Last Name: _____

Relationship: _____ ID Type: **SA ID / Passport** Gender: _____

ID / Passport Number: _____ Home Tel.: _____

Physical Address: _____ Code: _____

Employer Name: _____ Gross Monthly Income: **R**_____

Signed this _____ Day of _____ 20____ at _____

Authorised Signatory Name: _____ Signature: _____

## Section G: Declaration

**I have read, understood and agree to be bound by the terms and conditions below and declare that the information given above is true and correct and that I hereby consent to Skylite credit vetting this application.**

1. I, _____, hereby confirm that all the below terms and conditions of the Skylite Application that is included in this proposal apply to this contract. All the terms and conditions are to be honoured by myself including payment.
2. In the event of non-payment I understand that I will be liable for the entire cost of the contract and any further charges incurred as a result of non-payment on my part.
3. In the event of a default on my part relating to non-payment, I will be liable for a fee of R80, all bank charges , attorneys costs, and any other costs incurred by Skylite in order to recover outstanding payments.
4. Skylite bills 1 month in arrears and the new allocation will activate on the 17th of every month.
5. A Pro Rata amount will be charged from date of activation till the 16th.
6. To cancel a contract once it reaches its term date, a notice of one calendar month is to be provided.
7. To cancel a contract prior to reaching term date, the full balance of contract will become due and payable.

Signed this _____ Day of _____ 20____ at _____

Authorised Signatory Name: _____ Signature: _____

## Supporting Documents:

1. Copy Of ID or Director's ID in the case of a Company
2. Proof Of Address
3. Last 3 Months Bank Statements
4. Company Document (If Applicable)