



Office: 011 680 1580/1/2 – E-mail: info@slink.co.za , 25 Mount Ida Street, Robertsham, 2091

Fibre to the Home – Application Form

Welcome to Securelink International (Pty) Ltd.

Please complete the application form.
Once the form has been completed please scan and email the form to sales@slink.co.za . Once the form has been sent back to us the account will be activated. Please note that no debit will be done until the service has been installed and activated.
By completing this application, you agree to our standards terms and conditions that are available at:

<https://www.slink.co.za/terms-of-service>

Signature: _____

A. Customer Details

Date:	<input type="text"/>	Complex Name:	<input type="text" value="Fair Oaks"/>
Name:	<input type="text"/>	Unit Number:	<input type="text"/>
Surname:	<input type="text"/>	Complex Physical Address:	<input type="text" value="88 Hausberg Ave"/> <input type="text" value="Oakdene"/> <input type="text" value="Johannesburg South"/>
ID Number:	<input type="text"/>		
Telephone (Work):	<input type="text"/>		
Telephone (Mobile):	<input type="text"/>		
Email Address:	<input type="text"/>		

B. Banking and Debit order Information

Payment Type: Debit Order EFT

Billing Contact Email:

Account Holder:

Bank:

Branch Name:

Branch Code:

Account Type:

Account Number:

Debit Date: 1ST 15TH

Bandwidth Internet Packages (Uncapped) – Please select the Desired Package Unshaped Data, No Fair Usage Policy or Throttling

Month to Month Contract - No Activation Cost (Includes - Wi-Fi Router)

Please note: Equipment installed in unit is the property of Securelink Int and may not be removed from Unit

Contention	7 Mbps	12 Mbps	22 Mbps	50 Mbps	100 Mbps
1:1 Ratio	<input type="checkbox"/> R 399.00	<input type="checkbox"/> R 599.00	<input type="checkbox"/> R 799.00	<input type="checkbox"/> R 999.00	<input type="checkbox"/> R 1475.00
1:10 Ratio			<input type="checkbox"/> R 750.00	<input type="checkbox"/> R 899.00	<input type="checkbox"/> R 1100.00

D. Payment Details

Bandwidth - Monthly Recurring Cost

Signature of Applicant _____

Date _____

E. Contract Terms

One calendar month notice must be given if you would like to cancel the contract.

Cancellations need to be sent before the 7th of every month to candice@slink.co.za

An additional charge of R 60.00 will be levied for all unpaid debit orders.

F. Debit Order Instruction

Name:	<input type="text"/>	Date:	<input type="text"/>
Address:	<input type="text"/>	Contract No (Office Use):	<input type="text"/>
Contact No:	<input type="text"/>	Commencement Date:	<input type="text"/>
		Debit Amount:	<input type="text"/>

Abbreviated name as registered with the bank: SLINK

Securelink International (Pty) Ltd. Banking Details:

Bank: ABSA

Branch: Oakdene

Branch Code: 632-005

Account Name: Securelink International (Pty) Ltd.

Account Number: 4079950270

Account Type: Current

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows

On the _____ day ("payment day") of each month commencing on _____. If the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

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 shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 2021

Signature: _____

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: _____