

Independent Communications Authority of South Africa (ICASA) License Nr: 0147/OECNS/OCT/2010

WAPA (Wireless Access Providers Association) Member Nr. W114/2010

Liprotech Wireless Network Reg. Nr. 2020/108603/07

Tel Nr: 067 628 1305 admin@limpnorthprotech.co.za / aconuts@limpnorthprotech.co.za



* This form must be completed and e-mailed back to admin@limpnorthprotech.co.za. No installation would proceed without signed forms.

Client Information

Client:		Contact Person:	
ID Nr		Telephone Nr:	
Installation Address:		Cell Phone Nr:	
		Fax Nr:	
Postal address		E-mail address:	
		VAT Nr:	

* Company/Customer's name must be the legal name of a Company or Person for registration purposes

Please attach ID. (This is a legislated requirement and we cannot proceed without it)

Own Equipment ☐ New Installation ☐ R99 SLA antenna line rental ☐

WIFI - UNCAPPED PACKAGES:
pay-off over

Installation fee – Line rental R 2999-00 | Once off R2950 (R3500-00)

2 Mbps	4 Mbps	6 Mbps	8 Mbps	10 Mbps
Uncapped	Uncapped	Uncapped	Uncapped	Uncapped
R 199-00 p/m	R 399-00 p/m	R 550-00 p/m	R 875-00 p/m	R 1395-00 p/m
Signature	Signature	Signature	Signature	Signature

PAYMENT OPTIONS:

Subscription – Pay monthly by debit order or EFT.

I/We acknowledge that termination of this contract is not possible within the first three (3) months and agree to give one full calendar month's written notice to terminate this contract. Should I/we fail to pay my/our account



I/we shall be liable for any collection, tracing and/or legal fees. I/we confirm that the abovementioned physical address is my/our domicile citandi et executandi. I/We indemnify Liprotech Wireless Network against any damage, loss, claims or cost that may result from work being done in connection with the service being rendered, removal of the service and/or my/our computer equipment not being compatible. I/We acknowledge that I/we will be charged additional fees for work or maintenance outside the normal equipment warranty required to be done by Liprotech Wireless Network. I/We agree that this additional work should be paid on receipt of invoice or alternatively it will be added to the monthly subscription fee. Use of Internet related services is subject to our acceptable user policy (AUP). Liprotech Wireless Network will not be liable for any loss of use, interruption of business, or any indirect, special, incidental, or consequential damages of any kind (including lost profits), regardless of the form of action, whether in contract, direct, or otherwise, even if Liprotech Wireless Network has been advised of the possibility of such damages. In particular Liprotech Wireless Network or its Agents will not be liable for any loss of data due to a software security breach, virus infection or any other form of data loss that can be incurred while connected to the internet or otherwise. I/We warrant that I/we have read and accept Liprotech Wireless Network Standard Terms and Conditions.

Accepted by: Name: _____ (Who warrants that they are authorized to sign)

Date: _____ Signature: _____

BANK DEBIT ORDER INSTRUCTION

(Abbreviated name as registered with the bank: Liprotech)

Please choose date for Debit order: **25 / 30/31 / 01 / 07 / 15** (Please circle date)

Commencement Date: _____ (Date of first debit order)

Name: _____ Date: _____

Address: _____ Debit Amount: _____

Contact No: _____

The details of my/our account are as follows:

BANK: _____

BRANCH TOWN: _____

BRANCH CODE: _____

ACCOUNT NAME: _____

ACCOUNT NO: _____

TYPE OF A/C: _____

Banking Details: Liprotech Wireless Network

Standard Bank

Account Nr: 101 398 73668

Branch code:

Frist National Bank

Account Nr: 628 466 79035

Branch Code: 250 655

Please use reference on application form or invoice nr when depositing money or monthly



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 last day ("payment day") of each and every month. In the event that 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 _____ 20____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS