

SAFARICOM ONE CONNECT BUSINESS CHECKLIST FORM

Account Manager:

Mobile number:

CUSTOMER CONTACT DETAILS:

Company/ Organization/ Business Name.....

Postal Address.....CodeTown.....

Physical Address.....

Day Contact Tel No

Nature of Business

Date:

We do accept the Corporate connect offer and confirm availability of the requirements as tabulated below:



(Tick where appropriate)

- | | | | |
|-----------------------------|------------------------------|-----------------------------|------------------------|
| 1. We have a PABX | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Make: Model..... |
| 2. We have an Internet link | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3. Our PABX supports SIP | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4. We have a Router | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Make: Model..... |

We do hereby accept Safaricom technical team to carry out a survey of our PABX environment and assess readiness for the product; we also confirm that Safaricom will not be liable for any interruptions, failure or downtime of the PABX during the survey as they will be accompanied by our PABX experts who will take responsibility of the exercise.

PURPOSE OF THE SAFARICOM ONE CONNECT BUSINESS

Briefly indicate what the E1 will be used for

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Name:

Position:Tel No:

Signature:

FOR INTERNAL USE ONLY

Credit Control Vetting: Passed ☐ Failed ☐

Comments:

Name:Date:

Signature: