

# iBurst Value Added Services Application Form



iBurst (Pty) Ltd, Johannesburg: iBurst House, 66 Park Lane, Sandton, 2196; PO Box 651921, Benmore, 2010  
Customer Support: Tel: 0861 iBurst (0861 428 778) / Fax: 086 503 9111 / Email: info@iburstgroup.co.za  
Company Reg No: 2004/029951/07  
VAT Reg No: 4100219642

## SUBSCRIBER DETAILS (fields marked with \* are not compulsory)

Individual:  Business:  Contract No:   
Subscriber / Business Name:  iBurst Username:   
Identity No / Company Registration No:   
Type: SA ID document:  Passport:  Public Company:  (Pty) Ltd:  CC:  Professional Partnership / INC:  Other:

## CONTACT DETAILS

Work Tel No: (  )  \*Home Tel No: (  )   
\* Fax No: (  )  Mobile No:   
Email Address:

## VALUE ADDED SERVICES (prices including VAT)

Fax2Email: (free) Email address:   
 Virtual Fax Subscription: Email address:  Monthly Subscription: R  Voucher: R   
 PC Security Suite Subscription: Email address:  Monthly Subscription: R  Voucher: R   
 iCall Subscription: Email address:  Monthly Subscription: R  Voucher: R   
 Static IP UTID No:  Monthly Subscription: R   
 iB Sure Credit Life: Monthly Subscription: R   
 iB Sure Modem only: Monthly Subscription: R  UTID No:   
 iB Sure Combined: Monthly Subscription: R  UTID No:   
 Domain Registration and Hosting: Activation Fee: R  Monthly Subscription: R  Annual Fee to Registration Authority: R   
 1 Additional Mailbox: Monthly Subscription: R   
 5 Additional Mailboxes: Monthly Subscription: R   
 10 Additional Mailboxes: Monthly Subscription: R

## DECLARATION

I \_\_\_\_\_ (print name) hereby instruct and authorise iBurst (Pty) Ltd to activate the value added services indicated above. I acknowledge that I have read and understand the terms and conditions of the respective value added services which can be viewed at [www.iburst.co.za](http://www.iburst.co.za) and further acknowledge that I am entering into a legally binding agreement upon acceptance and submission hereof. I also confirm that the information provided above is both true and correct.

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this completed signed form and a copy of your ID to 086 503 9111