



HOLLYWOOD CONNECT SUBSCRIBER APPLICATION FORM

tle First Name			Surname	
lale Female	SA ID document	Passport	ID/Passport No	
esidential Address				
			WhatsApp:	
		Postal Code	Mobile:	
Free Standing House	Complex	Estate	Email:	
Are your residential premi	ses owned or rente	ed? If Rented, please	Supply Lease Agreement.	
Owned Re	ented			
INSTALLATION ADI	<u>DRESS</u>			
			Postal Code	
ee Standing House	Complex	Estate		
e your residential premise	s owned or rented	? <u>If Rented, please Si</u>	upply Lease Agreement.	
Owned Re	nted			
BUSINESS SUBSCR	BER DETAILS			
mpany Name			Company Reg No	
ading as			VAT No	
pe of Business Pu	blic Co (Pty)	Ltd CC Pr	rofessional Partner / Inc Government Sole Proprietor T	rust
Intact Person (if different			Principal business Address Is your premises Owned Lease	-d
			Timespar susmess Address is your premises. Owned	
ame				
x			Postal address same as your principal place of business? Yes N	lo
obile			If not, please provide your postal address.	
nail			stal Code	
MPLOYMENT				
Are you currently employed?	Yes	No		
Company Name				
Work Tel:				
WOIK IEI.				
Work rei.			AND ADDITION DEOCESSING	
	TING DOCUM	EVITE EVID DIEV		
EQUIRED SUPPOR	TING DOCUM	ENTS FOR RICA	AND APPLICATION PROCESSING:	
		ENTS FOR RICA	AND APPLICATION PROCESSING.	

INITIALS

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Service's Selec	tion:				2
FTTH 15/15 @R 299pm	FTTH 30/30 @R 439/pm	FTTH 50/50 @R 599/pm	FTTH 100/100 @R 719pm	FTTH 200/200 @R 999/pm	2
FTTH 250/500 @R1199/pm	FTTH 1000/500 @R1399/pm				
Free Activation Activation Fee: R 0.00	Free Installation Installation Fee: R 0.00	Free Router	Free UPS Packages 50Mbs & Above	Term: Month 2 Month	
PLEASE NOTE: All Services https://hollywoodconnect		& Activation, Subject to clawb	ack fee if cancelled within the firs	t 12 Months as per our Terms and Conditions:	
	RITY AND MANDATE OF THIS AGREEMEN		NSTRUCTIONS GIVE	EN TO HOLLYWOOD CONN	ECT (PTY)
Account Holder Account No Bank		Brai	nch Name nch Code count Type Current	Savings Trans	mission
Debit Order Date	1 st /Month	EFT	1 st /Month Tobe	paid by 7 th of the Month to avoid Automated sus	pension.
DECLARATIO	<u>N</u>				
behalf of the	Subscriber. I acknow	olication and wa	rrant that I/we a e have read, unde	onfirm the accuracy of the confirm the accuracy of the confirm the confirmal confirmation conf	o sign on bound by
I/we am/ are applied for an	aware of the non-rond accept that this a	efundable setup Imount will be d	fee and pro-rata lebited from my a	ment upon signature he amount applicable to th account upon signature h credit clearance verificati	ne service nereof.
consent to the	e sharing of person that the activation	al and or busine	ss entity credit in	formation. I/we further and all other legal require	
Date	/		_		
Place					
Signature					

INITIALS