

PRIMARY CONTACT INFORMATION

First Name _____ Last Name _____
Cell Phone _____ Work Phone _____
Email _____ ID/Passport Number _____
Street Name _____ Street Number _____ Building Name _____
Unit Number _____ Suburb _____
City _____ Province _____

BILLING CONTACT INFORMATION

First Name _____ Last Name _____
Cell Phone _____ Work Phone _____
Email _____ ID/Passport Number _____

COMPANY INFORMATION

Company Name _____ Registration Number _____
VAT Number _____
Street Name _____ Street Number _____ Building Name _____
City _____ Unit Number _____ Province _____

ID Document

X

Proof of Residence

X

Company Registration

X



ACTIVE FIBRE HOME PACKAGES

Please select the option that suits you best

UNCAPPED PACKAGES

PACKAGE	DOWNLOAD	UPLOAD	PRICE PER MONTH	SELECTION
20MBPS	20MBPS	20MBPS	R 499	<input type="checkbox"/>
50MBPS	50MBPS	50MBPS	R 599	<input type="checkbox"/>
100MBPS	100MBPS	100MBPS	R 799	<input type="checkbox"/>
200MBPS	200MBPS	200MBPS	R 999	<input type="checkbox"/>
500MBPS	500MBPS	500MBPS	R 1199	<input type="checkbox"/>

CAPPED PACKAGES

PACKAGE	PRICE PER MONTH	SELECTION
OH 30GB CAPPED	R 95	<input type="checkbox"/>
OH 80GB CAPPED	R 210	<input type="checkbox"/>
OH 150GB CAPPED	R 310	<input type="checkbox"/>

All prices include VAT. Terms and conditions apply. Free installation. Free activation. Month to month.
 One month calendar written cancellation notice - accounts@activefibre.co.za
 *Equipment supplied belongs to Active Fibre and should not be removed from the property.



PAYMENT TERMS - DEBIT ORDER ONLY

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given By (Account Holder) _____ Contact Number _____

Address _____

Bank Name _____ Branch & Code _____

Account Number _____ Amount _____

Account Type (eg. Cheque, Savings) _____ Date _____

This debit order should be processed on the 1st, 15th, 20th or 25th of every month.

Abbreviated Name as Registered with the Bank: **ACTIVE FIB**

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I / We hereby authorise you to issue and deliver payment instructions to your Banker 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 _____ and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

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.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have 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 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 _____

(Signature as used for operating on the account)

_____ Agreement reference number is _____ (Assisted by)

Upon activation of service, a pro-rata amount will be invoiced and debited within 1 to 2 days. Kindly ensure that sufficient funds are available to avoid any payment issues. Please note, in the event of a debit order rejection, an administration/reactivation fee of R79.99 (incl. VAT) will apply. Services will only be reactivated once full payment has been received.

Additionally, as services are bandwidth-provisioned, monthly charges will still apply during any suspension period, and payments will remain due. Please note that no credits will be issued for any service downtime during suspension.

