

Order for the connection to Telkom's telecommunications network of a private branch exchange (PBX)



Important information

Please write clearly in block letters or mark the applicable block with an X.

Please note that

- (i) only PBX equipment licensed by the Independent Communications Authority of South Africa (ICASA) and supplied by ICASA licensed PBX suppliers may be connected to Telkom's telecommunications network;
- (ii) any PBX, whether new or refurbished, may only be installed by the licensed PBX manufacturer/supplier or licensed independent maintenance organisation licensed for the specific PBX, and;
- (iii) you should apply separately for exchange lines to connect the PBX to Telkom's telecommunications network.

Telkom SA Limited furthermore recommends that

- (i) a prospective PBX user does not incur any contractual liability before having obtained confirmation that his requirements with regard to exchange lines can be met;
- (ii) when requesting an increase in line capacity of an existing PBX, the PBX user ascertains whether or not the PBX can accommodate the required additional lines and if not, to arrange the necessary with his PBX supplier and;
- (iii) the basic accommodation requirements for the proposed PBX be brought to the user's attention by means of a typical accommodation diagram by the PBX supplier.

1.0 General

Name of business _____

Postal address _____

_____ Code _____

Business registration no. _____

VAT registration no. _____

Note - A suretyship may be required.

Contact particulars

Contact person's name _____

Number during business hours _____

E-mail address _____

Language preference English Afrikaans

2.0 I/ We require -

- that a new PBX be connected.
- the connection of a new PBX to replace an existing system.
If so, do you wish to -
 - deregulate; and
 - take over the existing Telkom extension reticulation (where possible).
- an increase in line capacity of an existing PBX.
- outdoor transfer of existing PBX.
- the provision/change of a PBX and outdoor transfer.

Note - If a traffic investigation on an existing PBX is required, please complete a 209134 order form.

Date on which service is required _____

3.0 Installations address:

Name of building _____

Floor _____ Room no. _____

Street _____ Street no. _____

Suburb _____

City/Town _____

Stand number _____

4.0 Details of PBX equipment to be installed (if already known)

Manufacturer _____ Type and model _____

5.0 PBX requirements

Exchange Lines

Quantity required

- Analogue _____
 ISDN 2/2a (to be applied for separately) _____
 ISDN 30 (to be applied for separately) _____
 DDI/DDO (to be applied for separately) _____

Extensions: If to be provided by Telkom

Quantity required

- Indoor _____
 Outdoor _____ (on the same premises as PBX)
Total _____

Tie lines required: Installation addresses of PBX's

Local side

Name of building _____
Floor _____ Room no. _____
Street _____ Street no. _____
Suburb _____
City _____
Stand Number _____
Telephone no. at site _____

Remote side

Name of building _____
Floor _____ Room no. _____
Street _____ Street no. _____
Suburb _____
City _____
Stand Number _____
Telephone no. at site _____

Directory entry required

6.0 In case of outdoor transfer

Address of existing PBX if outdoor transfer required _____

Is temporary service required at the old address? Yes No

Existing exchange lines: telephone numbers _____

Type: Analogue ISDN 2/2a ISDN 30 DDI/DDO

Number of extensions in use from existing PBX

Indoor _____ Outdoor _____ Same premises _____ Other premises _____

Tie lines to (telephone numbers) _____

7.0 Agreement by Customer

I accept that the service will be subject to the provisions of the Electronic Communications Act of 36 of 2005 and Telkom's Standard Terms and Conditions, as amended from time to time; and

I confirm that I am authorised to order the service(s) and the details I have given in this form are correct and complete.

Signed on this _____ day of _____
20 _____ at _____

Customer's signature _____

Name in block letters _____

Capacity _____

8.0 Particulars of installation organisation

Business name _____

Contact person _____

Telephone no. _____
