

Tracking No.													
Client No.													
Application No.													
Application Approval		Y						N					
Reason for Application Rejection:													

THE ABOVE FOR OFFICIAL USE ONLY – TO BE COMPLETED BY Cell C ONLY

CST CHANGE OF OWNERSHIP APPLICATION FORM

A. APPLICANT GENERAL INFORMATION

- Where indicated with an asterisk (*), please indicate your choice with an X.

Individual / Legal Entity Details	Surname & First Names of Applicant / Business Name													
	Applicant Identity Number / Business Registration Number													
	Business Representative's Identity Number													
	Physical Address of Individual / Registered Office of Business												Area Code	
	Contact Number: Individual / Business													
	Fax Number													
	* Payment Method:													
	Cash:		Bank Transfer:		Other:									

B. INFORMATION OF PROPOSED NEW OWNER

Individual / Legal Entity Details	Surname & First Names / Business Name													
	Identity Number / Business Registration Number													
	Business Representative's Identity Number													
	Physical Address / Registered Office of Business												Area Code	
	Contact Number: Individual / Business													
	Fax Number													

TEAR HERE

Tracking No.									
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Date: _____

- The above tracking number should be quoted in all future communication in respect of this application
- Keep this receipt as proof of Application submission





C. CST / MANAGEMENT CHAT INFORMATION

CST / MANAGEMENT CHAT NUMBER

CST 1										
CST 2										
CST 3										
CST 4										
CST 5										
MANAGEMENT CHAT										
CST Container Serial No.										

D. SITE INFORMATION

SITE ADDRESS

STREET	
SUBURB	
TOWN / TOWNSHIP	
REGION	
CONTAINER *	<div>Y</div> <div>N</div>

E. GENERAL CONDITIONS

- The ownership of the CST Product may only be transferred as a complete set, and may not be broken down to individual items. The product does not include any Bank accounts or Bank Cards.
- I understand that I will have to sign a Contract that will govern the relationship between me and Cell C (Pty) Ltd.
- I also do understand that I will get approval from Cell C CST for any possible change in site address from where the CST phones will operate prior to such a move.
- I also do understand that Cell C CST reserves the right to approve or disapprove any possible CST site.
- I hereby declare that the information provided is correct and that I do understand and accept and agree to all the Community Service Telephone Terms and Conditions set by Cell C (Pty) Ltd.

F. BANK REQUIREMENTS (RECHARGE)

TEBA BANK APPLICATION FORM COMPLETED*		N
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G. AUTHORITY TRANSFER

LOCAL AUTHORITY*	Y	N			Y	N		AC POWER*	Y	N
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H. SIGNATURE

SIGNED at _____ on _____ 20__.

For: **Applicant:** _____

Signatory

:

Capacity:

Authority:

Note: If the Applicant is a Legal Entity, signatory confirms Delegation of Authority.

Applicant's Receipt

Cell C CST Sales Admin: _____

Signature

:

Date of Receipt: _____



THE POWER IS IN YOUR HANDS

