



Infin8green Trading Pty (Ltd)
 Registration No: 2016/085414/07
 VAT Number: 4010290494
 011- 202 5056
sales@infin8green.com
www.infin8green.com

Application for UNCAPPED Fibre Data Plan

Name and Surname, or Company Name, or CC Name or Trust:		ID or Registration Number:	
Complex name/ Street name:			
Block and Unit No / Home No:	Suburb:	Postal code:	Office no:
E-mail:	Mobile no:	Home no:	

STEP 1: SELECT AN UNCAPPED LIGHTSPEED DATA PLAN (Mark with an "x")

FTTH	Uncapped/Unshaped/Unlimited	20Mbps /20Mbps Download and Upload Speed	Synchronous	R469.00	
FTTH	Uncapped/Unshaped/Unlimited	50Mbps /50Mbps Download and Upload Speed	Synchronous	R 729.00	
FTTH	Uncapped/Unshaped/Unlimited	100Mbps/100Mbps Download and Upload Speed	Synchronous	R 999.00	
FTTH	Uncapped/Unshaped/Unlimited	200Mbps/200Mbps Download and Upload Speed	Synchronous	R 1 149.00	
FTTH	Uncapped/Unshaped/Unlimited	500Mbps/500Mbps Download and Upload Speed	Synchronous	R 1 549.00	
FTTH	Uncapped/Unshaped/Unlimited	1GBps/250Mbps Download and Upload Speed		R 1 949.00	

Pricing are subject to Change Incl. VAT

STEP 2:

Month to Month (Minimum term is 3 Months)		
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***COMPULSORY ONCE-OFF LINE ACTIVATION FEE**

Once off-Line activation fee (Inc. VAT)(Arrangements can be made to split this over 2 Months)	R599.00	
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***STEP 3: SELECT IF YOU REQUIRE FIBRE TO BE INSTALLED INTO YOUR HOME (If you already have fibre Installed in your home please enter "N/A" below)**

New fibre build:(Inc. VAT)	R849.00	
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***STEP 4: Contact Details: (Of person available for Router Installation and configurations)**

Contact Name:	Mobile Number:	Alternative Number:
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***Debit Order Details**

To: Infin8green Trading Pty (Ltd)	Abbreviated Name as Registered with the Bank: <i>Infin8grn</i>
Account Holder Name:	Bank Name:
Branch Name/Number:	Account Number:
Account Type: Current/Savings:	Monthly Debit Order Date (1 st or 25 th of the month):
Monthly Debit Amount:	Employer: Job Title:

***Address:**

I (full name and surname) _____ hereby authorise Infin8green Trading (Pty) Ltd to debit my account with the total amount payable on my monthly account.

***Signature:** _____ **Date:** _____

Declaration: I have read, understood and agree to the Terms and Conditions that accompany this application form, and declare that the information given is true and correct. I have read, understand and agree to the terms and conditions at www.infin8green.com. Please ensure you have read and understood our T&C's)

***Signature:** _____ **Date:** _____

Bank: First National Bank **Account number:** 6263 1554 723 **Branch Code:** 250-655
Email POP to: accounts@infin8green.com **Branch:** Carlswald **Reference:** Name and Surname

*** PLEASE TAKE YOUR TIME AND READ AND UNDERSTAND THE BELOW CAREFULLY***

INSTALLATION PROCESS: Your order will be processed immediately after the order has been signed by you and reached our office. The first step is to build a fibre line into your premises (*Payment is required before Installation of fibre to your home takes place*), and then install the router which will take between **7-10 working days**. If you already have fibre installed it will take between **5-7 working days** for your router to be installed. Once the router/fibre is installed your **line is activated within 48 Hours**.

PAYMENTS: Service will not go live unless Infin8green has received the payment in its bank facilities and processed the payment. **The first initial Payment will be made by yourself via EFT unless otherwise agreed upon with Infin8green Telecoms.** The different payment methodologies have various time implications, pending on the process involved to record and account for the payments. **Your bank account will NOT be debited until your line becomes active**, which we will notify you of.

SUPPORT PROCESS: Infin8green provides 24/7 first line support via call or WhatsApp. You will be required to perform a speed test using a LAN/Ethernet cable as part of our troubleshooting process. If we cannot resolve your issues, we then log a call with Metrofibre Network who will send out a technician as they own the Network at your complex. We will provide you with a Ticket Number. Metrofibre has an SLA in place to resolve the issues within 72 working hours based on severity (Please refer to our T&C's on our website www.infin8green.com).

****IMPORTANT****

- All cancellations require **30 days email notice**.
- **Accounts which are not settled in full** by the 8th of the month I will result in **automatic suspension** of your Fibre Data plan and can only be **reinstated within 24 Working hours** on receipt of Proof of payment (unsuspension of line carries a penalty of R50). **Please note that while your line is suspended you are liable for all costs involved.**
- **Bounced Debit Orders will result in a R37.00** penalty payable to our bank
- *Infin8green Telecoms reserves the right to suspend your line for late/non-payment. Whilst your line is **suspended** you are still **liable for all outstanding premiums and costs incurred as the term goes by.***
- For **early termination** of a **contract**, there will be **penalties charged** in line with the CPA and our T&Cs.
- All **cash deposits** carry an **additional fee of R40** due to bank charges incurred by *Infin8green Telecoms*
- All **premium's** payable in advance and **NOT** arrears.
- **EFT paying clients** are required to provide a **1-month bank statement and pay 1 additional premium in advance**

DEBIT ORDER PAYMENT

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 above-mentioned 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 30 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, bi-monthly, three monthly, six monthlies, annually, weekly, bi-weekly (**delete that which is not applicable**).

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

Payment Instructions due in **December** may be debited against my account on _____.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section D before the issuing of any payment instruction. **A. Mandate:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

B. 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.

C. 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) _____ (Assisted By)

D. Agreement Reference Number: _____

BANKING DETAILS

Bank: First National Bank

Email POP to: accounts@infin8green.com

Account number: 6263 1554 723

Branch: Carlswald

Branch Code: 250-655

Reference: Name and Surname