

iBurst Subscriber Migration Form

iBurst (Pty) Ltd, Johannesburg: iBurst House, 66 Park Lane, Sandton, 2196; PO Box 651921, Benmore, 2010
Customer Support: Tel: 0861 iBurst (0861 428 778) / Fax: 086 503 9111 / Email: info@iburstgroup.co.za
Company Reg No: 2004/029951/07
VAT Reg No: 4100219643



SUBSCRIBER DETAILS (Fields marked with an * are not compulsory)

Individual: Business: Contract No:
Subscriber / Business Name: iBurst Username:
Identity No / Company Registration No:
Type: SA ID document: Passport No: Public Company: (Pty) Ltd: CC: Professional Partnership: / INC Other:

CONTACT DETAILS

Work Tel No: () *Home Tel No: ()
* Fax No: () Mobile No:
Email Address:

SUBSCRIBER CONTRACT TO BE MIGRATED

Current Contract:
New Contract:

SUBSCRIBER MIGRATION TERMS AND CONDITIONS

- 1 Downward migrations to lower contract options are not permissible for 12/ 24/ 36-month contract options.
- 2 A migration instruction will be acted upon when this signed migration form has been received by iBurst, either a fax sent to 086 503 9111 or an email attachment sent to info@iburstgroup.co.za or handed in to your local iBurst office.
- 3 A Migration instruction received before the 20th of the month will become effective on the 1st of the following month. Requests received after the 20th will be effected on the first of the month thereafter.
- 4 An upward migration request may result in a once off pro rata payment for the difference between the current and new package option selected.
- 5 Downward migrations to lower contract options on Month-2-month contracts are subject to a once off administration fee of R171 (incl VAT).
- 6 Data carryover on downward migration will be limited to the bundled data amount of the lower package
- 7 Migrations are subject to approval by iBurst.
- 8 A subscriber may only migrate if their existing account is not in arrears.

DECLARATION

I/We _____ (print name) hereby instruct and authorise iBurst (Pty) Ltd to migrate my existing subscriber contract, to the new subscriber contract details which are provided above. I/ We are aware that this will affect the monthly amount that will be billed to my account. The terms and conditions of my/our original contract shall apply to the new contract option. I/We warrant that I am duly authorised to sign on behalf of the subscriber and that the above information is true and correct.

Authorised Signature/s: _____ Date: _____

RESELLERS UPDATE (for reseller use only)

Please update me once process is complete: Yes: No: Reseller Name:
Reseller Email Address: Reseller Account number (OPS):

Please fax this completed signed form and a copy of your ID to 086 503 9111