



Intdev General Application Form

t: +27 11 787 0107 **f:** +27 11 787 2338 **e:** info@intdev.co.za **w:** www.intdev.co.za
PO Box 414055 Craighall Park 2024 reg: 2003/030511/07 vat: 4690222072

Application Form:

Intdev requires all subscribers to complete the following form:

Title:	<input type="text"/>
Name:	<input type="text"/>
Surname:	<input type="text"/>
ID Number:	<input type="text"/>

Company:	<input type="text"/>		
Registration No:	<input type="text"/>	Vat No:	<input type="text"/>
Entity form:	<input type="checkbox"/> Company <input type="checkbox"/> Close Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: (please specify)		

Postal Address:	<input type="text"/>
(of company)	<input type="text"/>
Code:	<input type="text"/>

Physical Address:	<input type="text"/>
(of company)	<input type="text"/>
Code:	<input type="text"/>

Tel number:	<input type="text"/>	Fax number:	<input type="text"/>
Cell number:	<input type="text"/>	Email:	<input type="text"/>

This is the primary email address to which all future correspondence will be sent to.

If someone else is in charge of the finances or any technical queries, please provide their details below:

Financial contact:	<input type="text"/>		
Contact number (s):	<input type="text"/>	Email:	<input type="text"/>

Technical contact:	<input type="text"/>		
Contact number (s):	<input type="text"/>	Email:	<input type="text"/>

Please supply a short description of the organisation:

<input type="text"/>
<input type="text"/>

Payment:

Debit Order Authority

Account Name:	<input type="text"/>	Account number:	<input type="text"/>
---------------	----------------------	-----------------	----------------------

Bank and Branch:	<input type="text"/>	Branch code:	<input type="text"/>
------------------	----------------------	--------------	----------------------

I / We acknowledge that the party hereby authorised to effect the drawing(s) against me/our account may not cede or assign any of its rights to any third party without my/our prior consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. I / We agree to pay any Bank Charges relating to this debit order instruction and also understand that each withdrawal will be reflected on my/our bank statement.

Date of withdrawal will take place within the first week of each month

Authorised Signature

Date

Place

Application Details:

Domain(s):

Should this domain be: Registered Transferred Pointed

Domain Password (min 5, max 13):

Should we cater for web space: Yes No
 Should we cater for email boxes: Yes No
 Should we cater for SMS/MMS: Yes No
 Should we cater for 3G: Yes No
 Should we cater for ADSL: Yes No

Intdev can create several email address of your choice. Please list them below with the corresponding password:

Mailbox	@yourdomain.ext	Password

If you require more email addresses please attach a separate form in addition to this application form

Comments

If you have any special requirements for example database management, content management systems or any customisable fields, please give a short description below:

I hereby agree that the information I have submitted is true and correct to the best of my knowledge.
 I hereby acknowledge that I have read, understood and bind myself to the Intdev standard terms and conditions.

Authorised Signature
Date
Place

Referrals

Do you know anyone who would be interested in any of Intdev Internet Technologies services?

For every new client that signs up, you will receive **200 free SMS's** on the Intdev SMS portal.

Name: _____ Tel: _____ Email Address: _____

Name: _____ Tel: _____ Email Address: _____