



Tracking No.																			
Client No.																			
Application No.																			

Application Approval	Y	N
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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



THE POWER IS IN YOUR HANDS





**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 *	Y					N				

**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: \_\_\_\_\_



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