



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 SITE RELOCATION APPLICATION FORM

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

A. APPLICANT GENERAL INFORMATION

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 Representative																																
	Fax Number																																
	* Payment Method:																																
	Cash:																Bank Transfer:											Other:					

B. EXISTING CST TELECOMMUNICATION SERVICES

PLEASE INDICATE THE TYPE OF CST TELECOMMUNICATIONS SERVICE THAT WILL BE RELOCATED:

5 – set Community Chat with Container	5 – set Community Chat	2 – set Community Chat	1 – set Community Chat
*	*	*	*

For the Site Relocation Costs, see Table 2 of Schedule 2 of Annexure A attached hereto.

- In the event of a relocation application for a 5 set Community Chat with Container, Please provide the Container Serial Number:

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. SITE INFORMATION

EXISTING SITE ADDRESS

STREET	
SUBURB	
TOWN / TOWNSHIP	
REGION	

NEW SITE ADDRESS

STREET	
SUBURB	
TOWN / TOWNSHIP	
REGION	

NEW SITE OWNER

SURNAME	
FIRST NAMES	
CONTACT NUMBER	
CONSENT FORM	ATTACHED TO BE COMPLETED

D. GENERAL CONDITIONS

- This CST Site Relocation Application Form, in the case of an **Individual**, is submitted together with 1 certified copy of your identity document, 1 certified copy of Site Owner identity document, alternatively proof of residence or ownership, and on acceptance, to be attached as an Annexure to the Agreement as signed by you.
- This CST Site Relocation Application Form, in the case of a **Legal Entity**, is submitted together with 1 certified copy of the Business representative's identity document, 1 certified copy of the Business's Certificate of incorporation and 1 certified copy of the Site Owner's Identity Document, alternatively proof of residence or ownership, and on acceptance, to be attached to the Agreement as signed by the Business's Representative(s).
- It is within the sole discretion of Cell C to accept or reject this Application.
- The applicant shall be notified of either an approval or rejection.
- The words and expressions used in this Application Form have the meaning assigned to them in the Agreement.
- **The Application Form and associated documents are to be completed in full and submitted within 10 days.**

E. 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: _____-_____-_____