

**SOUTHCAPE
WIRELESS**
SIMPLE • EASY • INTERNET



f southcapewireless

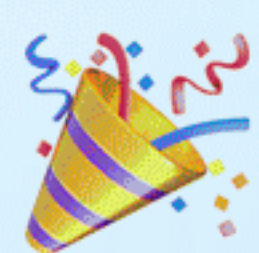
044-279-3007



Uncapped / Unshaped Internet service

*EXCLUDING WIFI / HOTSPOT ROUTER

AVAILABLE IN THE KLEIN KAROO



FREE Installation!



Apply for Wifi NOW!



www.scwireless.co.za



WIRELESS PACKAGES



Wifi application form

ACCEPTANCE OF RULES & REGULATIONS OF SOUTHCAPE WIRELESS AS SET OUT BELOW. All fields are *Required. The Data order monitor is *Required to be sent with the application.

Name:

ID No.

Email:

Tel:

Cell:

Car Reg.

Service

Relative

Where would you want Wifi? ☐ Work ☐ Home ☐



WIRELESS PACKAGES

4Mbps

R199_{pm}



Simple, easy, internet.



WIRELESS PACKAGES

6Mbps

R299_{pm}



Simple, easy, internet.



WIRELESS PACKAGES

8Mbps

R399_{pm}



Simple, easy, internet.



WIRELESS PACKAGES

10Mbps

R499_{pm}



Simple, easy, internet.



WIRELESS PACKAGES

15Mbps

R649_{pm}



Simple, easy, internet.



WIRELESS PACKAGES

20Mbps

R799_{pm}



Simple, easy, internet.



Simple, easy, internet.

**SOUTHCAPE
W.I.R.E.L.E.S.S**

SIMPLE • EASY • INTERNET



Wifi application form

39 BARON VAN REEDE ST, TOM'S MILL, 6620, OUDTSHOORN
Phone: 044 279 3007 | Email: admin@scwireless.co.za



ACCEPTANCE OF RULES & REGULATIONS OF SOUTH CAPE WIRELESS AS SET OUT BELOW. All Fields are *Required. The Debit order mandate is *Required to be sent with this application.

Name:

First Name

Last Name

ID No.

Identification Number

Email:

Tel:

Cell:

Car Reg.

Please add your Car Registration No.

Spouse:

Please add: Name; Email; Cellphone number.

Relative:

Please add: Name; Email; Cellphone number; Address



Where would you want WIFI ?

Tick the circle of choice:

Work:

☐

Home:

☐

Home. The fields below are *Required

Address:

City:

Work. The fields below are *Required

Address:

City:

Job:

Attach the following Documents on submission:

- ☒ Identification Document*
- ☒ Pay Slip*
- ☒ Debit Order Mandate*

Uncapped Internet Connection packages

- 4Mbps - R199

☐
- 6Mbps - R299

☐
- 8Mbps - R399

☐
- 10Mbps - R499

☐
- 15Mbps - R649

☐
- 20Mbps - R799

☐

Optional Router/Hotspot:
Tick the circle of choice:



- Once-off: R590

☐
- Contract: R51

☐

Payment Option for Debit Order – Debit dates

1st day of the month



15th day of the month



7th day of the month



25th day of the month



Pay for 10 months upfront and get 2 months free. (yearly)

1st day of the month



15th day of the month



7th day of the month



25th day of the month



The Following Conditions Apply *

The agreement will be in force for a minimum of 12 months, where after the agreement may be cancelled in writing with atleast one full calendar month in advance. In case of earlier termination the remaining months in terms of 1 above will be due and payable. SCW guarantees the installation and equipment for the period that the client uses SCW service. Client may use p2p and torrents. However, abuse thereof may result in throttling and/or shaping of their services. SCW at all times retains ownership of all equipment installed. Client shall ensure that updated antivirus protection programs are installed and activated. Client is prohibited from using any software that may bypass SCW towers, server settings and the like. Client will be held responsible for the safekeeping of all installed equipment. For resolving disputes, the parties consent to the jurisdiction of the magistrate's court at Oudtshoorn. Client confirms that the home address above constitutes Client's domicilium address for service of legal process. Invoices will be sent on the Client's request. Payments are monthly in advance i.e. a debit order on 1st of November, means payment is for the month of November. The Debit Orders agent is Sage Pay, on the 1st, 7th, 15th and 25th of every month. SCW does not charge for this service, but if funds are not available, and no payment is made, R50-00 will be added to Client's account to cover costs. Please note that SCW offers a best effort service. Connections are "up to" the speed advertised and not guaranteed. Note also that the 24hour internet connection is subject to conditions and factors beyond SCW control, (power failures, lightning strikes, undersea cable breaks, upstream service providers, etc). Therefore SCW cannot be held responsible for these circumstances affecting the network. SCW will not be held responsible for any problems of viruses and/or spyware on Client computer/s or equipment – Client is responsibility to load, scan and update his or her antivirus and anti-spyware programs. If the client moves premises and SCW need to install the equipment at a different address, a fee will be charged of R350-00 to cover the costs of moving and installing the equipment.

I have read the above ☐ Date / Time _____

Please sign as to agree to the above _____



Bank Debit Order Instruction

39 BARON VAN REEDE ST, TOM'S MILL, 6620, OUDTSHOORN
Phone: 044 279 3007 | Email: admin@scwireless.co.za

Standard Bank Oudtshoorn
Acc Name : SCW INET
Acc Number : 082792631
Branch Code : 050514

Name: _____ Date: _____

Address: _____

Contract No.: _____ Debit Amount: _____ Commencement Date: _____

Contact No.: _____ Abbreviated name as registered with the bank: SCW INET

Dear Sirs/Madams, The details of my/our account are as follows:

Bank: _____ Branch Town _____ Account No.: _____

Account Holder: _____ Type of Account: _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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. MANDATE I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally. 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. ASSIGNMENT I / We acknowledge that this Authority may be ceded to 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 _____ 20 _____

Assisted by: _____ FOR OFFICE USE: _____

This agreement reference number is: _____