



SMARTCALL RICA AGENT REGISTRATION

PLEASE NOTE: ALL FIELDS ARE MANDATORY EXCEPT EMAIL ADDRESS

Failure to comply will result in registration failure

RICA AGENT NUMBER _____
(Office Use)

Trading Name _____

Representative Name _____

Representative Surname _____

Identification Type: ID Number Passport

Representative ID/Passport _____

Nationality _____

Physical Address _____

_____ Suburb _____

City _____ Postal Code _____

Telephone Number _____ Fax Number _____

Cellphone Number _____ (Your password will be smsd to this number)

E-mail address _____ (not mandatory)

Do you have a criminal record? Yes No

I have read the terms of the conditions of the RICA legislation and understand my obligations with respect to RICA and by signing this document I agree to the conditions and indemnify Smartphone (Pty) Ltd in regard to me registering subscribers under RICA. Terms & Conditions of the RICA legislation is available on: www.smartcall.co.za

Signature of Agent _____ Date of Signature _____

Smartcall Wholesaler Name/Reference Number

Commissioner of Oaths Stamp

Please complete the information above and fax this with a certified copy of your ID and certified proof of address to 086 6800 840. Please post the registration form with a certified copy of your ID and certified proof of address to:
Smartcall

Att: RICA REGISTRATION
PO Box 412041, Craighall, 2024