



Smart Phone (PTY) LTD  
 T/A Smartcall  
 PO Box 412041  
 Craighall, 2024  
 Tel +2711-507-4777  
 Fax +2786-650-3554  
 JacquesS@smartcall.co.za  
 www.smartcall.co.za

<b>Customer Information Schedule</b>	Smartcall Account No.:	OFFICE USE ONLY
Company Details	Master Dealer SMS Ref.:	OFFICE USE ONLY

Incorporated form of business:	<input type="text"/>	
Registered company name:	<input type="text"/>	
Trade name:	<input type="text"/>	
Company registration number:	<input type="text"/>	
Date of registration:	<input type="text"/>	
VAT number:	<input type="text"/>	
Trading address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Telephone number:	<input type="text"/>	Fax number: <input type="text"/>
Master dealer Vodacom Cell No.:	<b>MANDATORY</b>	
Contact person:	<input type="text"/>	

<b>Directors/Members Details</b>			
	Director 1	Director 2	
Full names:	<input type="text"/>	<input type="text"/>	
ID Numbers:	<input type="text"/>	<input type="text"/>	
Designations:	<input type="text"/>	<input type="text"/>	
email addresses:	<input type="text"/>	<input type="text"/>	
	Director 3	Director 4	
Full names:	<input type="text"/>	<input type="text"/>	
ID Numbers:	<input type="text"/>	<input type="text"/>	
Designations:	<input type="text"/>	<input type="text"/>	
email addresses:	<input type="text"/>	<input type="text"/>	

<b>Account Contact Details</b>			
Credit Controller:	<input type="text"/>		
email address:	<input type="text"/>		
Telephone number:	<input type="text"/>	Fax number:	<input type="text"/>
Cellular phone number:	<input type="text"/>		

<b>Company Banking Details</b>			
Bank:	<input type="text"/>		
Branch:	<input type="text"/>		
Branch code:	<input type="text"/>		
Account number:	<input type="text"/>		

<b>File Delivery</b>		<b>OFFICE USE ONLY</b>
Electronic copy of Inv/CN email address:	<b>MANDATORY</b>	Multiple Address Line 3

<b>Accompanying Documents (Required)</b>	
Copy of directors IDs	<input type="checkbox"/>
Proof of residence	<input type="checkbox"/>
Proof of banking details	<input type="checkbox"/>
Master Dealer form	<input type="checkbox"/>
e.g. Client name & bank details on a bank letterhead.	

<b>Master Dealer Requirements (Where applicable)</b>	
A-code required	<input type="checkbox"/>
Master Dealer training done	<input type="checkbox"/>
Receive commission daily into purse	<input type="checkbox"/>
R20 000 deposit done	<input type="checkbox"/>
Invoice monthly for commission	<input type="checkbox"/>
Created as Master RICA Agent	<input type="checkbox"/>

<b>Signatories</b>
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**I hereby declare that the above information is true and correct.  
 Any changes made to these details are to be made in writing or via email by the authorised signatory only.**

Authorised Signatory Name	Authorised Signatory Signature	Date
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