

# SAFARICOM E1 CDC CUSTOMER CHECKLIST



## CUSTOMER CONTACT DETAILS:

Company/ Organization/ Business Name\* .....

Physical Address.....

Day Contact Tel No .....

Nature of Business .....

Intended use of E1 .....

(\* Please provide certified copies of registration documents such as Certificate of Incorporation/Business Name/Other)

(Tick where appropriate)

- |                         |  |                                 |  |
|-------------------------|--|---------------------------------|--|
| 1. We have a PABX       | Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Outgoing calls required      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. We have a PRI card   | Yes <input type="checkbox"/> No <input type="checkbox"/> | 5. Incoming calls required      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. We have a Fiber Link | Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. International calls required | Yes <input type="checkbox"/> No <input type="checkbox"/> |

1. We have a license from Communication Commission of Kenya (CCK) to operate ASP/CSP/PRSP telecommunications services

a. Yes  No ; If yes, Specify License category .....

2. We do hereby allow Safaricom's technical team to carry out a survey of our PABX environment and assess the readiness for the product

3. Safaricom will not be liable for any interruptions, failure or downtime of the PABX during the survey as they will be accompanied by our PABX experts who will take responsibility of the exercise.

4. E1 allocated is governed by Safaricom Fixed Data and Fixed Voice terms and conditions.

5. E1 to be implemented as per the survey results and recommendations as captured in the Solution Design.

I/We \_\_\_\_\_ Limited agree to be responsible for the E1 allocated and will guard against abuse of the service; both by the business and any third party. This includes the protection of the Public IPs from unauthorized access.

Name: .....

Position: .....Signature: .....

Company Stamp:.....

## FOR INTERNAL USE ONLY

Credit Control Vetting: Passed  Failed

Comments: .....Deposit Charged.....

### Approvals:

#### Senior Manager Acquisition/Sales

Name:.....Date.....Signature:.....

#### HOD Sales

Name:.....Date.....Signature:.....

#### Senior Manager Credit Control

Name:.....Date.....Signature:.....

#### HOD Credit Control

Name:.....Date.....Signature:.....