



Service Application Form – BUSINESS SIP TRUNK SUBSCRIPTION This Service is only available to Kenyan Based Registered Entities

Section A - Company information

Email Address:
(No free email domains)
Office Phone number:

,				
Company Name				
Street & Building Address	S			
P.O.Box			Postcode	
County		City		Country
Company Email Address (No free email domains ie gmail, hotmail yahoo etc)	,			
Company Phone Number	r			
Company TAX Number			Registration Nun	nber
Section B - Client informat Authorised General Conta		ETC)		
First Name:		L	ast Name:	
Email Address:		Jo	ob Position:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

First Name:	Last Name:	
Email Address:	Job Position:	
(No free email domains)		
Office Phone number:	Mobile number:	

Mobile number:

Support Contact (CTO, ICT OFFICER ETC)

First Name:	Last Name	
Email Address:	Job Position:	
(No free email domains)		
Office Phone number:	Mobile number	

Section C – Product & Order Details (kindly select)

SIP Trunk Subscription Type	□ Business SIP
Business SIP Trunk Channel Capacity	□ 8SC □ 16SC □ 32SC □ 64SC
Billing Cycle	□ Monthly □ Quarterly □ Annual



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	□ Cloud One SIP Trunk S	etup fee
	□ Support Ticket for Fire	wall Configuration
	□ Support Ticket for Add on PBX	litional Phone Number configuration
	□ Initial Phone Number	Talk Time of Ksh/USD
	□ 2 months deposit for F	Postpaid billing option
Customer Network Information for whitelisting	ng on Cloud One Firewall (Mandatory)
NB: Only Whitelisted host will be allowed to d	connect to Cloud One Voir	Switch
Primary Static ISP Public IP or Dynamic DNS h	ostname	0
Secondary Static ISP Public IP (if applicable) o	r DDNS hostname	0
□ We confirm that if we are unable to configurand Premium Support ticket will be chargeable □ We hereby confirm that above details are acconditions of Cloud One Limited listed on its word whereby confirm that we will not use Clouk Kenyan operators (SIM Boxing). This is illegal in Communications Act, 1998, as amended, provice commits an offense and is liable to a fine of or	re our & IP PBX & firewall to curate & that we have read rebsite at https://www.clo and One services for terminal Kenya under Section 24 co ides that anyone operatin	ad & agreed to the general terms & budone.co/shop/terms ating international calls to other of the Kenya Information and g an illegal communications system
□ We will notify Cloud One Limited in the even	t of any changes of the ab	oove.
Customer Authorised Contact (CEO, MD):		
Name:	Service Requ	iest Date:
Signature:		
Customer Company Stamp		





Required KYC Documents to be attached with this application

4. Copy of CR12 Form with 3 months validity	ncorporation or Business Registration Certificate
6. □ Copy of a current passport size photo of a	uthorised contact (CEO, MD)
SALES AGENT NAME (if any):	Signature
For immediate processing - Email the duly completed fo	rm and all required documents to hello@cloudone.co
CLOUD ONE OFFICIAL USE ONLY Document Ref: Quotation / Sales Order / Proform SERVICE ACTIVATION DATE: PHONE NUMBER: +25420790 SIP TRUNK ACCOUNT NAME:	na Invoice # ¬ TOLL FREE NUMBER: 0800000
Technical Lead:	Billing Lead:
Technical Lead Signature:	Billing Lead Signature:
CEO:	Signature:
Cloud One Limited Company Stamp	