



Service Application Form – MANAGED CLOUDPBX SUBSCRIPTION

Section A - Company information

Company Name					
Street & Building Address					
P.O.Box			Postcode		
County		City		Country	
Company Email Address (No free email domains ie gmail , hotmail yahoo etc)					
Company Phone Number					
Company TAX Number			Registration Number		

If your county of residence is not Kenya , Kindly note that the local outbound calling that is bundled with this service is only available to Kenyan Based Registered Entities.Non Resident entities must subscribe to SIP Trunk for international customers to enable outbound calling.

Section B - Client information

Authorised General Contact (CEO, MD, DIRECTOR ETC)

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

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

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

Support Contact (CTO, ICT OFFICER ETC)

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

Section C – Product & Order Details (kindly select)



Yeastar CloudPBX Subscription	<input type="checkbox"/> Managed by Cloud One
Users	<input type="checkbox"/> Initial Pack of 10 Users <input type="checkbox"/> Additional Users Qty:
Billing Cycle	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
	<input type="checkbox"/> Support Ticket for Firewall Configuration for VoIP optimisation <input type="checkbox"/> Initial Phone Number Talk Time of Ksh/USD _____ <input type="checkbox"/> 2 months deposit for Postpaid billing option

Customer Network Information for whitelisting on Cloud One Firewall (Mandatory) NB: Only Whitelisted host will be allowed to connect to Cloud One VoipSwitch	
Primary Static ISP Public IP or Dynamic DNS hostname	<input type="checkbox"/>
Secondary Static ISP Public IP (if applicable) or DDNS hostname	<input type="checkbox"/>

- We confirm that we are responsible for our firewall configuration as per the guidelines available on the frequently asked questions section of Cloud One Website
- We confirm that if we are unable to configure our firewall then Premium Support ticket will be chargeable
- We hereby confirm that above details are accurate & that we have read & agreed to the general terms & conditions of Cloud One Limited listed on its website at <https://www.cloudone.co/shop/terms>
- We hereby confirm that we will not use Cloud One services for terminating international calls to other Kenyan operators(SIM Boxing). This is illegal in Kenya under Section 24 of the Kenya Information and Communications Act, 1998, as amended, provides that anyone operating an illegal communications system commits an offense and is liable to a fine of one million shillings or to imprisonment of five years or both.
- We will notify Cloud One Limited in the event of any changes of the above.

Customer Authorised Contact (CEO, MD):

Name:

Service Request Date:

Signature:

Customer Company Stamp



Required KYC Documents to be attached with this application

1. Copy of the Company Tax Number
2. Copy of the Trade License or Business Permit
3. Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
4. Copy of CR12 Form with 3 months validity
5. Copy of a valid national identity card, passport, or alien card of authorised contact (CEO, MD)
6. Copy of a current passport size photo of authorised contact (CEO, MD)

SALES AGENT NAME (if any): Signature

For immediate processing - Email the duly completed form and all required documents to hello@cloudone.co

CLOUD ONE OFFICIAL USE ONLY

Document Ref: Quotation / Sales Order / Proforma Invoice #

SERVICE ACTIVATION DATE:

PHONE NUMBER: +25420790

TOLL FREE NUMBER: 0800000

SIP TRUNK ACCOUNT NAME:

CLOUDPBX FQDN:

Technical Lead:

Billing Lead:

Technical Lead Signature:

Billing Lead Signature:

CEO:

Signature:

Cloud One Limited Company Stamp