

# iBurst Subscriber Change of Banking Details Form



iBurst (Pty) Ltd, Johannesburg: iBurst House, 66 Park Lane, Sandton, 2196; PO Box 651921, Benmore, 2010  
Customer Support: Tel: 0861 iBurst (0861 428 778) / Fax: 086 503 9111 / Email: info@iburstgroup.co.za  
Company Reg No: 2004/029951/07  
VAT Reg No: 4100219643

## SUBSCRIBER DETAILS (Fields marked with an \* are not compulsory)

Individual:  Business:  Contract No:   
Subscriber / Business Name:  iBurst Username:   
Identity No / Company Registration No:   
Type: SA ID document:  Passport No:  Public Company:  (Pty) Ltd:  CC:  Professional Partnership: / INC  Other:

## CONTACT DETAILS

Work Tel No:  \*Home Tel No:   
\* Fax No:  Mobile No:   
Email Address:

## PAYMENT DETAILS (Please complete either Debit Order or Credit Card details)

Payment Method: Debit Order:  Bank Account Type: Current:  Transmission:  Savings:   
Account Holders Name:   
Account No:  Bank Name:   
Branch Name:  Branch Code:   
Payment Method: Credit Card:  Master:  Visa:  Card Holder's Name:   
Credit Card No:  Credit Card Expiry Date:  CVV No:

## DECLARATION

I/We \_\_\_\_\_ (print name) hereby instruct and authorise iBurst to change my existing banking details, to the new details provided above. I warrant that I am the authorised account holder of the bank account described above. Banking detail changes will be effected within 2 workings days from the time this form is signed, faxed and received at iBurst (Pty) Ltd: 086 503 9111.

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RESELLERS UPDATE (for reseller use only)

Please update me once process is complete: Yes:  No:  Reseller Name:   
Reseller Email Address:  Reseller Account number (OPS):

Please fax this completed signed form to 086 503 9111