



SERVICE ORDER FORM

1. CLIENT DETAILS

1.1 Name of Institution: _____

1.2 Physical Address of Institution: _____

1.3 Postal Address of Institution: _____

1.4 Administrative Contact Person

Title: _____

Name: _____

Phone number(s): _____

Email address: _____

1.5 Technical (ICT) Contact Person

Title: _____

Name: _____

Phone number(s): _____

Email address: _____

1.6 Billing Contact Person

Title: _____

Name: _____

Phone number(s): _____

Email address: _____

2. SERVICE DETAILS

2.1 Name of Service:

Internet

Campus-to-Campus Connectivity

2.2 Service Fees (Payable quarterly in advance):

The tax exclusive service charges are as follows:

2.2.1 Internet: US\$85/Mbps/month

2.2.2 Campus-to-Campus Connectivity: US\$40/Mbps/month

2.3 Service Capacity and Drop off point(s)

2.3.1 Internet

Ser#	Drop off point	Total capacity (Mbps)	Proposed Start Date	Duration of Service (months)
1				
2				
3				
4				

2.3.2 Campus-to-Campus Connectivity

Ser#	Campus 1	Campus 2	Service Capacity between the campuses (Mbps)	Proposed Start Date	Duration of Service (months)
1					
2					
3					
4					

3. DECLARATION

3.1 Name of Authorising Officer: _____

3.2 Position: _____

3.3 Signature: _____

3.4 Date: _____

3.5 Institutional Stamp: _____

4. FOR MAREN OFFICIAL USE

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