



vodacom

Please note: this offer is available only to deaf and hearing impaired customers upon purchasing of SMS bundles

APPLICATION FORM

SMS bundle for the hearing impaired

CUSTOMER INFORMATION

Name: _____ Cellphone no: _____

Surname: _____ Disability Type (Tick Box)

ID no: _____ Deaf: Hearing impaired:

Passport (if no ID): _____

Address: _____

Street: _____ Cellphone no (SMS only): _____

Suburb: _____ Fax no: _____

City: _____ Email: _____

Province: _____ Tel: _____

Code: _____

Provide organisation name (if relevant e.g. DeafSA, NID): _____

Customer Contact Details

Read notes before completing this section:

You must be a deaf or hearing impaired person as classified by a registered Audiologist. Your disability means that you have a moderate to severe limitation of your ability to function/perform daily activities as a result of a hearing, communication impairment if:

- a. The limitation has lasted for a year or more (UN Disability Guidelines)*
- b. The deaf or hearing impairment has been diagnosed by a registered Audiologist

Self Declaration

I hereby declare that I am a deaf or hearing impaired person. This means I am either hearing impaired or deaf and this disability has been diagnosed and confirmed by a registered Audiologist. Should Vodacom deem it necessary to request a copy of my Audiology Report, I will submit it accordingly.

The information given hereby is correct and I understand that this information will be used by Vodacom (Pty) Ltd to determine whether I qualify for the free SMS bundle for the hearing impaired offer. It is the sole discretion of Vodacom (Pty) Ltd to award the SMS bundles as envisaged in this Application Form.

Vodacom (Pty) Ltd reserves the right to amend or terminate the programme at any point in time without any reason.

I confirm that I have read, understood and agree with Vodacom's Terms and Conditions*.

*This can be viewed in the Specific Needs section of the Vodacom website: vodacom.co.za/specificneeds

Tick the relevant box indicating your impairment/disability type: Deaf: Hearing impaired:

Signature: _____ Date: YYYY / MM / DD

Send the completed form, plus a copy of your ID or Passport document to: Email: **12580@vodacom.co.za** Fax: **021 4000 927**
Post: **Vodacom (Pty) Ltd, eService Department, P.O. Box 7243, Roggebaai, 8012**

FOR OFFICE USE

Date & time application received: _____

Date & time approved: _____

Date & time customer notified: _____

Note: Information on the form can be obtained from the Specific Needs section on the Vodacom website: vodacom.co.za/specificneeds or for further enquiries, you can email: National Institute for the Deaf (NID) at nid@nid.org.za OR Deafsa at info@deafsa.co.za OR Vodacom at 12580@vodacom.co.za