



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

## APPLICATION FORM

# SMS bundle for the deaf and hard of hearing

### CUSTOMER INFORMATION

Name: _____	Cellphone no: _____
Surname: _____	Disability Type (Tick Box)
ID no: _____	Deaf: <input type="checkbox"/> Hard of hearing: <input type="checkbox"/>
Passport (if no ID): _____	
Address: _____	<b>Customer Contact Details</b>
Street: _____	Cellphone no (SMS only): _____
Suburb: _____	Fax no: _____
City: _____	Email: _____
Province: _____	Tel: _____
Code: _____	
Provide organisation name (if relevant e.g. Deaf SA, NID): _____	

### Read notes before completing this section:

You must be a deaf or hard of hearing 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 and communication problem.

### Self Declaration

I hereby declare that I am a deaf or hard of hearing person. My 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 offer for the deaf and hard of hearing. 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](http://vodacom.co.za/specificneeds)

Tick the relevant box indicating your impairment/disability type: Deaf:  Hard of hearing:

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, PO 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](http://vodacom.co.za/specificneeds) or for further enquiries, you can email: National Institute for the Deaf (NID) at **nid@nid.org.za** or Deaf SA at **info@deafsa.co.za** or Vodacom at **12580@vodacom.co.za**