



## Service Application Form – MANAGED 3CX PHONE SYSTEM 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

Authorized 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 &amp; Order Details (kindly select)

Managed 3CX Phone System Pro Subscription	<input type="checkbox"/> Hosted <input type="checkbox"/> On-premises		
Users / SC Capacity	<input type="checkbox"/> 12 Users / 4 SC <input type="checkbox"/> 24 Users / 8 SC <input type="checkbox"/> 48 Users / 16 SC	<input type="checkbox"/> 72 Users / 24 SC <input type="checkbox"/> 96 Users / 32 SC <input type="checkbox"/> 144 Users / 48 SC	<input type="checkbox"/> 192 Users / 64 SC <input type="checkbox"/> 288 Users / 96 SC <input type="checkbox"/> 384 Users / 128 SC
Billing Cycle	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual		
Addons	<input type="checkbox"/> Managed 3CX Appliance Subscription (SBC) - Required for On-premise SIP Phones <input type="checkbox"/> 3rd Party SIP Trunk Setup fee <input type="checkbox"/> 3rd Party SIP Trunk Interconnect Fee <input type="checkbox"/> Support Ticket for Firewall configuration <input type="checkbox"/> 1 months deposit for Postpaid billing option		

Customer Network Information for whitelisting on Cloud One Firewall & Hosted 3CX Firewall (Mandatory) NB: Only Whitelisted host will be allowed to connect to Cloud One Network	
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 a premium support ticket will be chargeable
- ☐ We hereby confirm that above details are accurate & that we have read & agreed to the [terms & conditions](#) of Cloud One Limited listed on its website
- ☐ 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 Authorized 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 authorized contact (CEO, MD)
6. ☐ Copy of a current passport size photo of authorized 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](mailto:hello@cloudone.co)

CLOUD ONE OFFICIAL USE ONLY

Document Ref: ☐ Quotation / Sales Order / Proforma Invoice #

SERVICE ACTIVATION DATE:

☐ PHONE NUMBER: +25420790

☐ TOLL FREE NUMBER: 08000000

SIP TRUNK ACCOUNT NAME:

3CX FQDN:

3CX Version:

Technical Lead:

Billing Lead:

Technical Lead Signature:

Billing Lead Signature:

CEO:

Signature:

Cloud One Limited Company Stamp