



CLOUD ONE SERVICE APPLICATION FORM

Section A - Company information

Company Name					
Street & Building Address					
P.O.Box		Postcode			
County		City		Country	
Company Email Address					
Company Phone Number					
Company PIN Number		Company Registration Number			

Section B - Client information

Authorised General Contact (CEO, MD, DIRECTOR ETC)

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Billing Contact (CFO, ACCOUNTS PAYABLE OFFICER ETC)

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	

Support Contact (CTO, ICT OFFICER ETC)

First Name:		Last Name:	
Email Address:		Job Position:	
Office Phone number:		Mobile number:	



Section C – Order Details

Product & service detail are listed in the following document (Kindly Tick if applicable)

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Quotation Number		Proforma Invoice Number		Invoice Number	

We hereby confirm that above details are accurate & that we have read & agreed to the general terms & conditions of Cloud One Limited listed on its website at <https://cloudone.co/general-terms-and-conditions/>

we have read & agreed to the managed service terms & conditions of Cloud One Limited listed on its website at <https://cloudone.co/portal/dl.php?type=d&id=3>

We will notify Cloud One Limited in the event of any changes of the above contacts

Authorised Signature:

Name:

Date:

Signature:

Customer Company Stamp

Required Documents to be attached with this application

- Company Documents
 - Copy of the Company PIN Number
 - Copy of the Certificate of Registration of Incorporation or Business Registration Certificate
 - Copy of CR12 Form with 3 months validity
- Document for Authorised Contact (CEO, MD, DIRECTOR ETC)
 - Copy of a valid national identity card, service card, passport or alien card

Cloud One Official Use Only

ASSIGNED CLOUD ONE DID NUMBER (if any): 020 790 _____

ASSIGNED CLOUD ONE TOLL FREE NUMBER (if any): 0800 000 _____

AGENT OR PARTNER ID (if any):

AGENT OR PARTNER Signature



For Immediate Processing - Email the duly completed form and all required documents to presales@cloudone.co while a Cloud One Authorised representative can collect the documents from your office

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