| SUPPORTALL For Business For Individual | Remote Monitoring, Man This form is required for clie RMM services includes remote a characteristics and XDR monitoring at SIAM and XDR monitoring at Please complete the for Sections to complete the form of the Complete Sections to Complete the form of the Complete Sections to Complete the form of the Complete Sections to Complete Section to Complete Sect | 4 5 6 7 4 5 6 7 | proport portCALL ch. security and ach month. le for business . Security and ach month ach mon | 1 1 1 2 1 2 1 1 1 2 | CUSTOMER #: Program: Address Verified: Entered by: Date: | OFFICE USE |
|--|--|--------------------------------------|--|--|---|---|
| For Seniors or Pensioners | 1 2 3 | 4 5 6 7 | 8 9 1 0 | | | than happy to assist with completion. |
| Do you have a existing SupportCALL ac | ccount? X | Yes Account # : SCA | сс | * Indicates a required field. | | epeat pages 9, 10 & 11 * Senior and Pensioners are 60+ years |
| CLIENT PERSONAL INFORMATION (he | re after "CUSTOMER" | 1. | | Ir | nformation of the prim | ary person responsible for paying the account |
| *Surname: *First Name: | | | | cal Address: | | |
| Middle Name: | | | *Town | | | *Code: |
| *ID #: Passport #: | | | *Posta | l Address: | | |
| *Birthdate: X X X X / | ′ x x / x x | Occupation | *Town | : | | *Code: |
| *Age: X X Gender: X M | Years Tale X Female | | Other | e Number: Number: Address: | + X X X (X + X X X (X | X X) X X X X X X X X X X X X X X X X X |
| | | | | For C | lients who prefer De | bit Order |
| | | | Employ | ver's Name: ver's Tel: Monthly Income: R X | + X X X (X X X X X X X X X X X X X X X | X X) X X X X X X X X X X X X X X X X X |
| | | 2. | | | | |
| Alternative Contact | | Ξ. | | | | Information of the alternative contact person |
| *Surname: *First Name: Middle Name: | | | *Physic | cal Address: | | *Code: |
| Relationship: | | | *Posta | I Address: | | |
| *ID#: | | | *Town | : | | *Code: |
| Passport #: | | | *Mobi | e Number: | + X X X (X | x x) x x x x x x x |
| *Birthdate: X X X X X X X X X X X X X X X X X X X | Years | | | Number: Address: | + X X X (X | x x) x x x x x x x x |
| Community. Estate or Living Facility | | 3. | | Eo | r conjure and pontions | rs. Information about the facility you reside at |
| | | | | | | |
| *Retirement Facility Name: *Manager Name: Business Registration Number: | | | Other *Webs | Number: Number: ite: Address: | + X X X (X + X X X (X | X X) X X X X X X X X X X X X X X X X X |
| *Physical Address: | | | | Address: | | |
| *Town: | | Code: | Town: | | | Code: |
| Medical History and Skill Levels | | 4. | | | We ask your skill le | vels to best serve you and your specific needs |
| Computer Skill Levels General Computer Skills: Advanced Computer Skills: | X 0-5 X 0-5 | (do you know the basics and where to | | | | |
| Medical History | | Severity Comments | | | | Severity Comments |
| Arthritis | Yes | 0-5 | Epi | lepsy | X Yes | 0 - 5 |
| Parkinson's Disease Xision Problems | | 0 - 5 0 - 5 | | uropathy pression | X Yes X Yes | 0-5 |
| Hearing Loss | | 0 - 5 | | kiety disorders | X Yes | 0 - 5 |
| Chronic pain Dementia | | 0-5 | | onic Obstructive Pulm art disease | X Yes X Yes | 0 - 5 |
| Mild Cognitive Impairment | Yes | 0-5 | | ep aponia | X Yes | 0 - 5 |
| Stroke Aftereffects | | 0 - 5 | | betes | X Yes | 0 - 5 |
| Traumatic Brain Injury Others | 103 | 0-5 | | oothyroidism alysis or Mobility | X Yes X Yes | 0 - 5 |
| Others > | | 0-5 | | dication side effects | X Yes | 0-5 |
| Othors | Voc | 11 - Is | | Othors | V Voc | 0 - 5 |



Reg: 2013/102719/07 The Towers, New Gernamy 3610

Yes Yes Yes Yes Yes Yes Yes

www.supportcall.co.za sales@supportcall.co.za Tel: +27878222380

To us, our clients are rockstars, and we're the happen. Thank you for your timeand your business. Thank you for choosing SupportCALL

| ľ | |
|---|--|
| 4 | |
| | |
| É | |
| | |
| 3 | |
| | |

Yes

Yes Yes

| BUSINESS INFORMATION (here after "CUSTOMER") 5. | If applicable, information of the company requesting services |
|--|---|
| *Company Name: *Account Manager: | *Physical Address: |
| *Company Registration #: | *Town: |
| *Contact Number: *Mobile Number: | POSIGI AUDI ess: *Town: *Code: |
| *Email Address: | *Mobile Number: |
| industry. | *Email Address: |
| Referrals 6. | For every 2 referrals that signs up for this service, you'll get 2 months free (T&C apply) |
| Full Name: Your Relation to this Person: Suburb: | Main Number: + X X X (X X X) X X X X X X X Email Address: Town/City: |
| Full Name: Your Relation to this Person: Suburb: | Main Number: + X X X (X X X) X X X X X X X X Email Address: Town/City: |
| Full Name: Your Relation to this Person: Suburb: | Main Number: + X X X (X X X) X X X X X X X Email Address: Town/City: |
| Full Name: Your Relation to this Person: Suburb: | Main Number: + X X X (X X X) X X X X X X X X X X X X |
| Services 7. | What service are you signing up for? If unsure about service cost leave it blank. |
| Code Service Name and Description Notes | Cost |
| | |
| IT SERVICE PROVIDER 8. | Tell us about your current or previous IT service provider |
| *Company Name: | Tell us about your current or previous IT service provider Physical Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider (Is this your previous service provider) | Physical Address: Town: *Code: |
| *Company Name: *Account Manager: | Physical Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider (Is this your previous service provider) Current ICT Service Provider (Current active provider information) | Physical Address: Town: *Code: Postal Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Is this your previous service provider) (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution Us action resolution (We report to provider and us actioning resolve) Us action resolution (Resolution actioned by us) | Physical Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution Us action resolution (We report to your service provider and us actioning resolve) (We report by provider and us actioning resolve) (Resolution actioned by us) IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Respons | Physical Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Its this your previous service provider) (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution Us action resolution (We report to provider and us actioning resolve) Us action resolution (Resolution actioned by us) | Physical Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Its this your previous service provider) (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution Us action resolution (Resolution actioned by us) IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Response Monitor for SIEM and/or XDR Event and Responses | Physical Address: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Is this your previous service provider) (Current ICT Service Provider (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution (We report to your service provider only) Us action resolution (Resolution actioned by us) IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Response Monitor for SIEM and/or XDR Event and Responses X Yes SIEM and XDR for the following compliance, threats and issues. | Physical Address: Town: Postal Address: Town: *Code: *Mobile Number: Other Number: + X X X X X X X X X X X X X X X X X X |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider What is required in respect to ICT Service Provider We report only We report and action resolution Us action resolution IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Respons Monitor for SIEM and/or XDR Event and Responses Find point Security Endpoint Security Yes File Integrity Yes Yes We report to your service provider only) (Resolution actioned by us) IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Response Threat Intelligence Threat Intelligence Threat Hunting Yes Vulnerability Detect Yes MITRE ATT&CK Yes MITRE ATT&CK Yes | Physical Address: Town: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Its this your previous service provider) (Current ICT Service Provider (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution (We report to your service provider only) We report and action resolution (Resolution actioned by us) IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Response Monitor for SIEM and/or XDR Event and Responses X Yes SIEM and XDR for the following compliance, threats and issues. Endpoint Security Malware Yes File Integrity Yes Yes Yes Threat Hunting Yes Vulnerability Detect Yes MITRE ATT&CK Yes Yes The ability to monitor the above is subject to device capabilities. Some systems may not be able to p With all business options, the company can add an additional layer of protection, monitoring and cor SIEM and XDR adds another layer of proactive Detection and Response to threats. Multiple standards | Physical Address: Town: |
| *Company Name: *Account Manager: Previous ICT Service Provider Current ICT Service Provider (Current active provider information) What is required in respect to ICT Service Provider We report only We report and action resolution Us action resolution (We report to provider and us actioning resolve) Us action resolution (Resolution actioned by us) IT Systems Security and Compliance SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Response Monitor for SIEM and/or XDR Event and Responses X Yes SIEM and XDR for the following compliance, threats and issues. Endpoint Security Malware Yes File Integrity Yes Yes With all business options, the company can add an additional layer of protection, monitoring and cor SIEM and XDR adds another layer of proactive Detection and Response to threats. Multiple standards | Physical Address: Town: |



Reg: 2013/102719/07
The Towers, New Gernamy
3610
www.supportcall.co.za
sales@supportcall.co.za
Tel: +27878222380

To us, our clients are rockstars, and we're the technical team making IT happen. Thank you for your timeand your business. Thank you for choosing SupportCALL

| OUR PARTNER | | | |
|-------------|--|--|--|
|-------------|--|--|--|



sales@supportcall.co.za Tel: +27 87 822 2380

your timeand your business. Thank you for choosing SupportCALL

| | _ |
|-------------|---|
| | 7 |
| | |
| | |
| | |
| ~ | |
| ori I | |
| -1 | |
| 41 | |
| -1 | |
| ~ | |
| 21 | |
| ٠, | |
| L | |
| OUR PARINER | |
| - | |
| 7 | |
| ₹Ⅱ | |
| | |
| | |
| | |
| | |
| | |

| User | |
|--|-----------------|
| Name | |
| Name | No.6 2 |
| Name | 100 ft - 2 |
| Name | 100 ft - 2 |
| Name | 100 ft - 2 |
| Name | 106 for 2 |
| Name | 106 for 2 |
| Name | Po for a |
| Name | , po for a |
| Name | , po fee o |
| Name | anc to a |
| Tablet Comments (make, model) Comments (| - DC 6 |
| Device Type X Comments (make, model) Operating System X Comments | - DC 4 0 |
| Device Type X Desktop | - DC 5 C |
| Device Type X Desktop | |
| Desktop Windows (Version in comments) | for each device |
| Desktop Windows (Version in comments) | |
| Tablet Linux (Version in comments) Smartphone Other (Version in comments) | |
| Smartphone Other (Version in comments) | + |
| OU . | |
| Other | |
| Hardware Specifications Comments Peripheral Devices Comments | |
| CPU Model Printers (Make & Model) | |
| RAM (GB) Scanners (Make & Model) | |
| Storage Capacity (GB) External Drives/Storage Devices Storage Types (HDD / SDD) Other Peripherals | |
| Graphics Card (if applicable) | |
| Other life country Country | |
| Other Information Comments Network Information Comments Device Age (in years) Internet Provider | |
| Warranty Status (if known) Connection Type (Fibre DSL Mobile) | |
| Line Speed Down (Mbps) | |
| Software Information Comments/Name Line Speed Up (Mbps) Primary Applications in Use Wi-Fi Coverage Issues: Yes / No | |
| Office Suite (e.g. Microsoft Office) | |
| Accounting/Financial Software Network Devices Comments Industry-Specific Software Router/Modem (Make & Model) | |
| Industry-Specific Software Motter/Model in Most & Model Motter/Model in Most & Model Motter/Model in Most & Model Motter/Model in Most & Motter Mo | |
| Antivirus/Endpoint Protection Wi-Fi Extenders/Access Points | |
| Brand & Version Static or Dynamic Network IP Address Is it up-to-date? Yes / No Number of Devices on LAN | |
| Backup Solutions Backup Solutions Firewall or Network Security Tools | |
| Backup Tool/Software | |
| Frequency of Backups Location (Cloud/Local/Both) | |
| Backups tested regularly? Yes / No | |
| | |
| Support Requirements | |
| Do you have any specific IT issues you need immediate assistance with? 🔞 Yes | |
| | |
| | |
| Critical Systems or Applications that Must Stay Online Y Yes | |
| | |
| | |
| | |
| Training Required | |
| Training Required Do you require assistance with training for any tools or applications? Yes Additional Information | X Yes |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) | |
| Do you require assistance with training for any tools or applications? X Yes Additional Information | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information You the client, here by give us consent to work on any and all devices needed Yes | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information You the client, here by give us consent to work on any and all devices needed Is there some one available that can hands on assist Yes | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information You the client, here by give us consent to work on any and all devices needed Is there some one available that can hands on assist Reg: 2013/102719/07 To us, our clients are | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information You the client, here by give us consent to work on any and all devices needed Is there some one available that can hands on assist Reg: 2013/102719/07 To us, our clients are | |
| Do you require assistance with training for any tools or applications? Yes Additional Information Do you have IT documentation (netwk diagrams etc.) Remote Access Software Installed Additional Notes or Comments or Issue you currently have Yes Backup remains your responsibility, but we will do our best to protect your data and information You the client, here by give us consent to work on any and all devices needed Is there some one available that can hands on assist Reg: 2013/102719/07 To us, our clients are | |
| Backup remains your responsibility, but we will do our best to protect your data and information Yes Backup remains your responsibility, but we will do our best to protect your data and information You the client, here by give us consent to work on any and all devices needed Is there some one available that can hands on assist Reg: 2013/102719/07 The Towers, New Gernamy 3610 Tous, our clients are rockstars, and we're the technical team making IT | |

| rect Debit Instruction | | Your in | nstructions to allow us t | o direct debit your account for any service |
|-------------------------------|---|-----------------------|---------------------------|---|
| Account Holders Name: | | | | |
| Account Number: | | Bank Name: | | |
| Branch Code: | | Branch Name: | | |
| Type of Account: X Current X | Savings X Transmission | Day of Direct Debit X | 5th X | 15th X 25th |
| | to draw against the amounts necessary to cover the monthly ons issued by you shall be treated by our aforementioned Bar | | rvices rendered. | |
| | Mandate may be cancelled by me/us, such cancellation will n nounts which you have withdrawn while this Authority was in | • | legally owed to you. | |
| | ceded or assigned to a third party if the Agreement is also o t, this Authority and Mandate cannot be assigned to any thir | • | party. However, in the | e |
| Customer Account Authorised S | Signature | Date | | |
| | | | | |
| Beneficiary | Abbreviated Name as registered with the Bank | Address | | |
| belleficially | Abbreviated Name as registered with the bank | riadi ess | | |

| Declaration |
|--|
| I confirm the accuracy of the information contained in this Services Registration and request and warrant |
| that I am duly authorised to enter into an agreement with SupportCALL on behalf of or as the customer. |
| I understand that a binding agreement will be formed with no further action required from me. |
| I acknowledge that I have read, understood and agree to be bound by the SupportCALL Terms and |
| Conditions as well as all Product Specific Terms and Conditions available on SupportCALL's website |
| or currently in force between SupportCALL and the customer. |
| I hereby consent to SupportCALL: (a) performing credit clearance verification and (b) consent to |
| SupportCALL obtaining the customer's credit information from credit bureaus and providing |
| information to credit bureaus in accordance with the provisions of the National Credit Act. |
| I further acknowledge that the activation of some services is, amongst others, subject to RICA and |
| consent to SupportCALL verifying the customer's details and documents against third party databases |
| strictly for the purposes of compliance with RICA. I accept all services are prepaid before 1st of the month |

| | Customer Signature |
|-------------|---------------------|
| | |
| Date | Y Y Y Y / M M / D D |
| | Office Use |
| Dealer Code | |
| Store Name | |



Reg: 2013/102719/07 The Towers, New Gernamy 3610 www.supportcall.co.za sales@supportcall.co.za Tel: +27878222380

To us, our clients are rockstars, and we're the technical team making IT happen. Thank you for your timeand your business. Thank you for choosing SupportCALL

| OUR PARTNER | | | |
|-------------|--|--|--|