



SupportCALL Tech Support

Remote Monitoring, Management and Compliance with Tech Support
 This form is required for client sign-up and services registration with SupportCALL.
 RMM services includes remote monitoring and management (features incl. security and patch management) with min 30 minutes of free remote tech support each month.
 SIAM and XDR monitoring and compliance, plus NAS options are available for business.

* Please complete the form and send the it to sales@supportcall.co.za

OFFICE USE																					
CUSTOMER #:																					
Program:																					
Address Verified:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Entered by:																					
Date:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>/</td><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td> </tr> </table>											Y	Y	Y	Y	/	M	M	/	D	D
Y	Y	Y	Y	/	M	M	/	D	D												

Sections to complete

	1	2	3	4	5	6	7	8	9	10	11	12
For Business												
For Individual	1	2	3	4	5	6	7	8	9	10	11	12
For Seniors or Pensioners	1	2	3	4	5	6	7	8	9	10	11	12

Print clearly! Need help? Ask! We are more than happy to assist with completion.

To sign up for multiple devices (computers etc), repeat pages 9, 10 & 11

* Indicates a required field.

* Senior and Pensioners are 60+ years

Do you have an existing SupportCALL account? Yes Account # : SCACC

CLIENT PERSONAL INFORMATION (here after "CUSTOMER")

1.

Information of the primary person responsible for paying the account.

*Surname: _____
 *First Name: _____
 Middle Name: _____
 *ID #: _____
 Passport #: _____
 *Birthdate: | X X X X / X X / X X | Occupation _____
 *Age: X X Years
 Gender: Male Female

*Physical Address: _____
 *Town: _____ *Code: _____
 *Postal Address: _____
 *Town: _____ *Code: _____
 *Mobile Number: + X X X (X X X) X X X X X X X X
 Other Number: + X X X (X X X) X X X X X X X X
 *Email Address: _____

For Clients who prefer Debit Order

Employer's Name: _____
 Employer's Tel: + X X X (X X X) X X X X X X X X
 Gross Monthly Income: R X X X X X X X Service X X Years

Alternative Contact

2.

Information of the alternative contact person.

*Surname: _____
 *First Name: _____
 Middle Name: _____
 Relationship: _____
 *ID #: _____
 Passport #: _____
 *Birthdate: | X X X X / X X / X X |
 *Age: X X Years

*Physical Address: _____
 *Town: _____ *Code: _____
 *Postal Address: _____
 *Town: _____ *Code: _____
 *Mobile Number: + X X X (X X X) X X X X X X X X
 Other Number: + X X X (X X X) X X X X X X X X
 *Email Address: _____

Community, Estate or Living Facility

3.

For seniors and pensioners. Information about the facility you reside at.

*Retirement Facility Name: _____
 *Manager Name: _____
 Business Registration Number: _____
 *Physical Address: _____
 *Town: _____ Code: _____

*Main Number: + X X X (X X X) X X X X X X X X
 Other Number: + X X X (X X X) X X X X X X X X
 *Website: _____
 *Email Address: _____
 Postal Address: _____
 Town: _____ Code: _____

Medical History and Skill Levels

4.

We ask your skill levels to best serve you and your specific needs.

Computer Skill Levels
 General Computer Skills: 0 - 5 (do you know the basics and where to find things)
 Advanced Computer Skills: 0 - 5 (do you know how to change settings and do basic repair)

Medical History	Severity	Comments
Arthritis	0-5	
Parkinson's Disease	0-5	
Vision Problems	0-5	
Hearing Loss	0-5	
Chronic pain	0-5	
Dementia	0-5	
Mild Cognitive Impairment	0-5	
Stroke Aftereffects	0-5	
Traumatic Brain Injury	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	

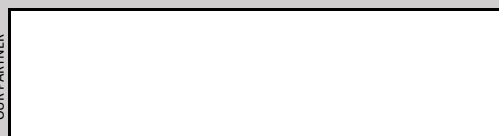
Medical History	Severity	Comments
Epilepsy	0-5	
Neuropathy	0-5	
Depression	0-5	
Anxiety disorders	0-5	
Chronic Obstructive Pulm	0-5	
Heart disease	0-5	
Sleep apnoia	0-5	
Diabetes	0-5	
Hypothyroidism	0-5	
Paralysis or Mobility	0-5	
Medication side effects	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	
Others	0-5	



Reg: 2013/102719/07
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 Tel: +27 87 822 2380

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

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BUSINESS INFORMATION (here after "CUSTOMER")

5.

If applicable, information of the company requesting services

*Company Name:

*Account Manager:

*Company Registration #:

*Contact Number:

*Mobile Number:

*Email Address:

Industry:

*Physical Address:

*Town: *Code:

*Postal Address:

*Town: *Code:

*Mobile Number: + x x x (x x x) x x x x x x x

Other Number: + x x x (x x x) x x x x x x x

*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

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

Email Address:

Town/City:

Services

7.

What service are you signing up for? If unsure about service cost leave it blank.

Client Selected Services		Service Name and Description	Cost
Code			
Notes	<input type="text"/>		

IT SERVICE PROVIDER

8.

Tell us about your current or previous IT service provider

*Company Name:

*Account Manager:

Physical Address:

Town: *Code:

Postal Address:

Town: *Code:

Previous ICT Service Provider (Is this your previous service provider)

Current ICT Service Provider (Current active provider information)

*Mobile Number: + x x x (x x x) x x x x x x x

Other Number: + x x x (x x x) x x x x x x x

*Email Address:

What is required in respect to ICT Service Provider

We report only (We report to your service provider only)

We report and action resolution (We report to provider and us actioning resolve)

Us action resolution (Resolution actioned by us)

IT Systems Security and Compliance

9.

SupportCALL W. System

SIEM and XDR (Security Information and Event Management, as well as Extended Detection and Response)

Monitor for SIEM and/or XDR Event and Responses Yes

SIEM and XDR for the following compliance, threats and issues.

Endpoint Security		Threat Intelligence		Security Operations		Cloud Security	
Malware	<input type="checkbox"/> Yes	Threat Hunting	<input type="checkbox"/> Yes	PCI DSS	<input type="checkbox"/> Yes	Docker	<input type="checkbox"/> Yes
File Integrity	<input type="checkbox"/> Yes	Vulnerability Detect	<input type="checkbox"/> Yes	GDPR	<input type="checkbox"/> Yes	AWS	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes	MITRE ATT&CK	<input type="checkbox"/> Yes	HIPAA	<input type="checkbox"/> Yes	Google Cloud	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	NIST 800-53	<input type="checkbox"/> Yes	GitHub	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	TSC	<input type="checkbox"/> Yes	Office 365	<input type="checkbox"/> Yes

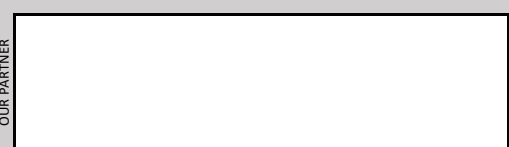
The ability to monitor the above is subject to device capabilities. Some systems may not be able to perform all of the listed checks. With all business options, the company can add an additional layer of protection, monitoring and compliance checking by adding this, our "W." service. SIEM and XDR adds another layer of proactive Detection and Response to threats. Multiple standards compliance checking. It also monitors compliance to a number of international recognised standards and highlight issues and suggests resolutions.



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Direct Debit Instruction

Your instructions to allow us to direct debit your account for any services to you

Account Holders Name:		Bank Name:	
Account Number:		Branch Name:	
Branch Code:		Day of Direct Debit	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
Type of Account:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Transmission		

I/We hereby authorize SupportCALL (Pty) Ltd to draw against the amounts necessary to cover the monthly and arrear charges for all services rendered.
I/We acknowledge that all payment instructions issued by you shall be treated by our aforementioned Bank as if issued by us directly.

Cancellation
I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not terminate the Agreement.
I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owed to you.

Assignment
I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party. However, in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Customer Account Authorised Signature		Date
<hr/>		<hr/>
Beneficiary	Abbreviated Name as registered with the Bank	Address
SupportCALL (PTY) LTD	SupportCALL	1802 The Towers, New Germany, 3610

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

<hr/>	
Date	Y Y Y Y / M M / D D
Office Use	
Dealer Code	
Store Name	



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