



**Mobile Telephone Networks**  
**Branded Channel Owned Store**  
**MTN Active**  
**ACCESS REQUEST FORM**

PLEASE NOTE: This application form must be signed by an authorized signatory of the MTN Owned stores (Regional Manager or the Branded Channel National Sales Operations Manager) and completed in full without alterations before access may be granted.

Completed documents must be faxed to 083 705 8338 or Email to [mtnactive@mtn.co.za](mailto:mtnactive@mtn.co.za)

Store Name	MTN store-		
Store Address			
Store Code			
Store Cell phone Account number			
Store Vat Registration Number			
Email address			
Fax Number			
Other Contact Number		Date	

The Administrator is the Owned Store Supervisor or POS Lead of the MTN Owned Store in the specific Region. Complete the required details:

OSS/POS Lead First Name																			
OSS/POS Lead Surname																			
OSS/POS Lead Cell Number																			

Application must be signed by an authorized signatory of the MTN owned store:

MTN Owned signatures (must be the Regional Manager or Branded Channel National Sales Operations Manager)			
Position in MTN SP	Initials & Surname	Signature	Date

(For MTN Office Use Only)  
 Application Must signed by an authorized MTN signatory

MTN Signature:			
Wendy Mfumadi – MTN-Active Manager	Initials and Surname	Signature	Date