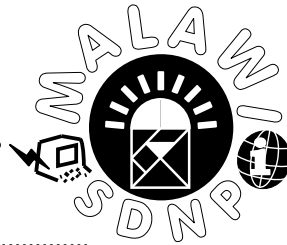


MALAWI SDNP

Box 31762, BLANTYRE 3, MALAWI
 FAX: +265-(0)1-873944
 TEL: 01-874979 / 875872, 08-824787
 E-MAIL: coordinator@sdnp.org.mw
 WEB: <http://www.sdnp.org.mw>

A
 Licensed
 ISP
 • Internet on •
 • our own VSAT •



To:.....
Prepaid - Unlimited

Date:
 Tel:
 To Fax:(1 page)

SERVICE QUOTATION P8

On the prepaid unlimited service you enjoy an unlimited of connections where you get unlimited service access, volume and can get as many e-mail addresses as you like on full Internet under your own management or domain. For example, you pay as low as US\$30 per month for one dial-up full Internet, only US\$5 for one e-mail only, etc. and enjoy unlimited access for six months.

Post paid service remains available at our normal rates, see our website or call.

All payments are in Malawi Kwacha at the monthly Dollar-Kwacha rate as set by the UN system, and is K140.60 per USD1.00 for **December 2008**.

Best on 6-month range

Service – unlimited	Price per month if you pay for these many months					
	Months	1	2	3	4	5
Full Internet: one user	\$40	\$37	\$34	\$32	\$31	\$30
E-mail only: one user	\$9	\$7.5	\$6	\$5.5	\$5.2	\$5
Multi-user dial-up: unlimited users	\$120	\$110	\$100	\$94	\$92	\$90
64kbps leased/wireless	\$357	\$297	\$257	\$232	\$217	\$207
Domains: on .mw (yrs)	\$50	\$43	\$40	\$38	\$36	\$35

Prepaid: per month except per year on .mw domains

You can register and manage your own **.mw** domain of your choice **online** by going to <http://www.registrar.mw> and have security for your **identity** such as for e-mail and website addresses anywhere you go or connect.

To request an SDNP service just complete and signing the attached subscription form and send it. SDNP will contact you to finalise the service delivery.

Malawi SDNP Coordinator

Rev.:28/2/08

SDNP Internet Subscription Form – F8

Your Name	
Company	
Physical Location	
Postal Address	
Phone Number	
Fax Number	
Signature	
Date	
Advance Invoice To:	
Number of Months	Prepaid Months

SERVICE REQUIRED (tick) – S8

Full Internet Access	<input type="checkbox"/>	<i>Advance payment required</i>
E-mail Only Access	<input type="checkbox"/>	<i>Enter No. of Months Above</i>
Other: attach details	<input type="checkbox"/>	Specify: _____

USERNAME CHOICE

1							
2							

E-mail address will be **username@sdnp.org.mw**

Username consists of alphabetic characters and numbers.

Punctuation marks in a username may cause problems.

PASSWORD CHOICE (change after installation)

1							
2							

Suggested Installation Method (tick)

Method:	Self	SDNP	Other
Requested Installation Date:			

Send form to: SDNP Coordinator, Box 31762, Blantyre 3

Fax: 01-873944

Internet: 01-874900

Phone: 01-874979 or 875872

<http://www.sdnp.org.mw>