

Subscriber Application Form

T's & C's applicable to this document and your subscription to DStv can be found at:
<https://www.multichoice.com/multichoice-africa-subscriber-ts-cs/dstv-subscribers/>

*BUSINESS DETAILS

Trading as:

Company Registration No:

VAT No:

Contact Person:

Designation/Capacity:

Company registration document provided: ☐ Yes ☐ No

Permission to Market Consent (Non-Mandatory): ☐ Yes ☐ No

CUSTOMER DETAILS (OFFICE USE ONLY)

CUSTOMER NUMBER:

COUNTRY:

*CUSTOMER DETAILS

Telephone No (Work):

Telephone No (Cell):

Physical Address:

Email:

Email 2:

Postal Address:

Commencement Date:

Authority to Transact:

Designation/Capacity:

BUSINESS SETUP

Type of Establishment

☐

Hotel

☐

Mining Camp / Compound

☐

Shop / Restaurant

☐

Corporate / Office

☐

Bed & Breakfast

☐

Hospital / Clinic

☐

Vessel / Oil Company

☐

Government

☐

Guest House

☐

Membership Club

☐

Pub / Bar

☐

Bank

☐

Lodge

☐

Stadium

☐

School / University

☐

Other

Where are your TVs located?

☐

Room

☐

Foyer

☐

Office

☐

Other

☐

Suite

☐

Conference

☐

Bar

*PACKAGE SELECTION

Choose your Package

☐

Stay Basic

Total Number of Rooms/TV's

Number of Rooms/TV's to be billed

Total Monthly Cost

☐

Stay Essential

☐

Stay Ultra

☐

Play Basic

☐

Play Essential

☐

Play Ultra

☐

Work Essential

☐

Work Ultra

☐

SMUD Compact / Grande

☐

SMUD Compact + / Bue

☐

SMUD Premium / Mega

ADD ONS

☐

Asian Add-on

☐

European Add-on

☐

French Add-on

☐

DMX

☐

XtraView

☐

HDPVR

I, the undersigned, state that I am duly authorised to enter into this agreement on behalf of the Subscriber and, by my signature hereto, bind them to the terms and conditions of the Subscription as available on the website link as above which I have read.

Signed at on the day of
Subscriber Signature Witness 1 Witness 2

FOR BACK-OFFICE USE ONLY:

Captured on the day of
Name of Sales Representative Contact Number
Authorised representative of MultiChoice Support Services (Pty) Ltd

INSTALLATION DETAILS**Installation Type**

- ☐ Head-end (RF Analogue, Fibre, SAT-IP, DVB-IP)
☐ Decoder per TV / Decoder in-room

Device Type

- ☐ Standard Decoder
☐ SAT-IP
☐ IPTV-CAM

DEVICE DETAILS**Decoder / CA Module**

Smartcard No

DEBIT ORDER FORM**Name of Account Holder: MultiChoice Customer Number: **BANK ACCOUNT DETAILS*Account Type**

- ☐ Cheque / Current Account
☐ Savings

☐ TransmissionAmount to be charged monthly: Bank: Account Number: Branch Code: Bank Clearing Code (Non-Mandatory): Signed at on the day of

PLEASE ATTACH BANK CONFIRMATION

Please note:

MultiChoice Support Services (Pty) Ltd is hereby authorized to originate debits to my bank account specified below with the monthly subscription fee due and payable by me to MultiChoice Support Services (Pty) Ltd in terms of the subscription agreement entered between us.

Should MultiChoice Support Services (Pty) Ltd increase the subscription fee, I hereby further expressly authorize MultiChoice Support Services (Pty) Ltd to automatically subtract such additional amounts from my bank account.

The authority shall in no way be construed as replacing my obligation to pay to pay MultiChoice Support Services (Pty) Ltd any amount due by me in respect of such agreements. I understand that the withdrawal hereby authorized may be processed by computer through the system known as Mag-tape Service, in which event I understand that if my account is computerized I will not receive any voucher, but details of each withdrawal will be printed on my bank statement.

I, the undersigned, state that I am duly authorised to enter into this agreement on behalf of the Subscriber and, by my signature hereto, bind them to the terms and conditions of the Subscription Agreement as available on the website link as above which I have

Subscriber Signature

Date