

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:

Company registration document provided: Yes No

Designation/Capacity:

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

CUSTOMER DETAILS (OFFICE USE ONLY)

CUSTOMER NUMBER:

COUNTRY:

*CUSTOMER DETAILS

Telephone No (Work):

Email:

Telephone No (Cell):

Email 2:

Physical Address:

Postal Address:

Commencement Date:

Authority to Transact:

Designation/Capacity:

BUSINESS SETUP

Type of Establishment

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Mining Camp | <input type="checkbox"/> Shop / Restaurant | <input type="checkbox"/> Corporate / Office |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Hospital / Clinic | <input type="checkbox"/> Vessel | <input type="checkbox"/> Government |
| <input type="checkbox"/> Guest House | <input type="checkbox"/> Membership Club | <input type="checkbox"/> Pub / Bar | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Lodge | <input type="checkbox"/> Stadium | <input type="checkbox"/> School / University | <input type="checkbox"/> Other |

Where are your TVs located?

- | | | | |
|--------------------------------|-------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Room | <input type="checkbox"/> Foyer | <input type="checkbox"/> Office | <input type="checkbox"/> Other |
| <input type="checkbox"/> Suite | <input type="checkbox"/> Conference | <input type="checkbox"/> Bar | |

*PACKAGE SELECTION

Choose your Package

	Total Number of Rooms/TV's	Number of Rooms/TV's to be billed	Total Monthly Cost
<input type="checkbox"/> Stay Basic	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Stay Essential	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Stay Ultra	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Play Basic	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Play Essential	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Play Ultra	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Essential	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Ultra	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD ONS

<input type="checkbox"/> Asian Add-on	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> French Add-on	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> European Add-on	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DMX	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Play- Extra view	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Signed and accepted on behalf of MultiChoice Angola Limitada on the day of
Name of Sales Representative Contact Number
Authorised representative of MultiChoice Angola Limitada

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
- Transmission

Amount 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 Angola Limitada is hereby authorized to originate debits to my bank account specified below with the monthly subscription fee due and payable by me to MultiChoice Angola Limitada in terms of the subscription agreement entered between us.

Should MultiChoice Angola Limitada increase the subscription fee, I hereby further expressly authorize MultiChoice Angola Limitada 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 Angola Limitada 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