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 pro	
Designation/Capacity:		Permission to Market Consent (Non-	Mandatory): Yes No
CUSTOMER DETAILS (OFFICE USE ONLY)	l .		
CUSTOMER NUMBER:	c	OUNTRY:	
*CUSTOMER DETAILS			
Telephone No (Work):		Email:	
Telephone No (Cell):		Email 2:	
Physical Address:		Postal Address:	
		Authority to Transact:	
Commencement Date:		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	Total Number of Rooms/TV's	Number of Rooms/TV's to be billed	Total Monthly Cost
Stay Basic			
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			
XtraView			
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DStv Business Subscription Agreement MultiChoiceAngola Limitada | Avenida Ho Chi Min, Edificio Torre Dipanda, Torre B, Luanda |Reg. No. 42357-14 | 244 923 120 000





ı, []	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						
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						
presentative Contact Number						
Authorised representative of MultiChoice Support Services (Pty) Ltd						
INSTALLATION DETAILS						
Installation Type	Device Type					
Head and (DE Apalagua Eikra SAT ID D)/R ID)	Standard Decoder					
Head-end (RF Analogue, Fibre, SAT-IP, DVB-IP) Decoder per TV / Decoder in-room	SAT-IP					
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	Amount to be charged monthly:					
Savings						
Bank:						
Account Number:						
Branch Code:						
Bank Clearing Code (Non-Mandatory):						
Signed at On the	day of					

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

