

ACCREDITATION APPLICATION

DATE OF APPLICATION:		
FIELD	COMMENTS	SELECTION
Full Name(s) of Applicant		
Email Address		
Contact Number		
Type of Business (Select one and provide required info)		
<u>Individual</u>	Identity Number:	Trading Name of Installation Business:
<u>CICP Registered Company</u>	CIPC Company Registration Number:	Trading Name of CICP company:
<input type="checkbox"/> VAT Registered	VAT Registration Number:	
<input type="checkbox"/> Not VAT Registered		
Physical Address of Business		
	City/Town:	
	Postal Code:	
Region of the Application (Select One)		
<input type="checkbox"/> Eastern Cape		<input type="checkbox"/> Mpumalanga
<input type="checkbox"/> Free State		<input type="checkbox"/> North West
<input type="checkbox"/> Gauteng		<input type="checkbox"/> Northern Cape
<input type="checkbox"/> Kwa Zulu Natal		<input type="checkbox"/> Western Cape
<input type="checkbox"/> Limpopo		

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- Reference Areas, where you want to cover without travel charge to customers.

Additional Coverage Areas [Without Charge]		
City	Town/ Suburb	Postal Code

By completing this application, you acknowledge that you comply with the requirements to become an Accredited Installer as outlined on the DStv website and that you agree that your application will not be considered with incomplete information that would enable successful evaluation of your application.

Note: Incomplete applications will not be considered. Completed application forms and communication regarding your application can be directed to CSQA@multichoice.co.za