

# Subscriber Application Form

Tel: (+267) 360 5651 | Email: dstvbusiness@bw.multichoice.com



## BUSINESS DETAILS

Trading as:

Contact Person:   
Designation/  
Capacity:

Company Registration No:

Company registration document provided:  Yes  No

Copy of ID/Passport provided:  Yes  No

## CUSTOMER DETAILS

Telephone No (Work):   
Telephone No (Cell):   
Physical Address:

Email:   
Email 2:   
Authority to Transact:   
Designation/Capacity:   
Commencement Date:

## BUSINESS SETUP

### Type of Establishment

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

### Where are your TVs located?

<input type="checkbox"/> Room	<input type="checkbox"/> Reception	<input type="checkbox"/> Office	<input type="checkbox"/> Other
<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 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"/> European 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"/> DMX	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> XtraView	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CHARGE PERIOD

Monthly  Annually

## 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



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## 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       Transmission      Amount to be charged monthly:   
 Savings

Bank:

Account Number:

Branch Code:

Bank Clearing Code (Non-Mandatory):

Signed at  on the  day of

### Please note:

MultiChoice Botswana (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 Botswana (Pty) Ltd in terms of the subscription agreement entered between us.

Should MultiChoice Botswana (Pty) Ltd increase the subscription fee, I hereby further expressly authorize MultiChoice Botswana (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 Botswana (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.

## TICK & COMPLETE THE APPROPRIATE BOX

- I hereby declare that, to the best of my knowledge and belief, there are no relevant facts or circumstances which could give rise to an organizational or personal conflict of interest for MultiChoice or any of its employee or customers
- I declare that there are relevant facts or circumstances which could give rise to an organizational or personal conflict of interest for MultiChoice or any of its employee or customers. The nature of the interest is: \_\_\_\_\_

## SECTION A

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 Botswana

