



To: Customer Care Centre
 Sure South Atlantic Ltd
 PO Box 2
 Jamestown
 St Helena Island
 Tel: +290 22900; Fax +290 22094
 Email: service@sure.co.sh

MAIN SUB TELEVISION APPLICATION FORM

Please complete the blank fields

Application No:	Advice Note No:	Date:
Full Name or Company Title of Applicant		
Address of Applicant		
Address where service required		
Telephone Number	<input style="width: 100%;" type="text"/>	
Nature of Business or Occupation of Applicant		
Customer Service Class	Gov <input type="checkbox"/> Bus <input type="checkbox"/> Res <input type="checkbox"/> Dual <input type="checkbox"/>	
Do you have existing TV services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Smartcard Number		
Service Date	<input style="width: 100%;" type="text"/>	
Details of Service Required:		
Reception Survey (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimated Installation Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aerial Installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Set-Top Box Installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extension Socket(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trunking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
De-Activate Smartcard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activate Smartcard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please select which TV package you would like to subscribe to	Standard <input type="checkbox"/> Premium <input type="checkbox"/>	
Upgrading from Standard to Premium	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Downgrading from Premium to Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Billing Information:		
Will be billed to existing Sure account number:-	<input style="width: 100%;" type="text"/>	
Contact Details:		
Name	<input style="width: 100%;" type="text"/>	
Telephone number	<input style="width: 100%;" type="text"/>	
Email Address	<input style="width: 100%;" type="text"/>	
Other Details:		
Short Term Customer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Cease Date	<input style="width: 100%;" type="text"/>

I AGREE TO THE GENERAL TERMS AND CONDITIONS OF THE TELEVISION SERVICE AGREEMENT AND UNDERTAKE TO BE BOUND BY THEM

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Authorised Signatory	Date	ACCEPTED ON BEHALF OF SURE SOUTH ATLANTIC LIMITED	
Sig. RM&CS Manager	Sig. Accountant	Sig. RM&CS Rep.	

Please address any queries to Customer Services, Bishops Rooms on Tel +290 22900, fax +290 22094 or email service@sure.co.sh

CREDIT CONTROL CHECK SHEET			
RESIDENCY	Permanent		
	Non-Permanent		
'DEBTORS' LIST		Yes	
		No	
PERMANENTLY EMPLOYED		Yes	
		No	
IN RECEIPT OF BENEFITS		Yes	
		No	
BUSINESS ESTABLISHED FOR MORE THAN 12 MONTHS		Yes	
		No	
SERVICE REQUIRED	IDD & Local		
	Local Only		
	Television		
	Broadband		
	Mobile		
RECOMMENDATION (office use only)			
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 30px;"></div> <div style="border: 1px solid black; width: 150px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Sig. RM&CS Manager Date </div>			
APPROVAL			
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 30px;"></div> <div style="border: 1px solid black; width: 150px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Sig. Accountant Date </div>			