



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

MULTI VIEW TELEVISION APPLICATION FORM

Please complete the blank fields

Application No:	Advice Note No:	Date:
Full Name or Company Title of Applicant		
Nature of Business or Occupation of Applicant		
Address of Applicant		
Address where service required		
Telephone Number	<input style="width: 100%;" type="text"/>	
Existing Smartcard Number - Main Subscription	<input style="width: 100%;" type="text"/>	
Customer Service Class	Gov <input type="checkbox"/> Bus <input type="checkbox"/> Res <input type="checkbox"/> Dual <input type="checkbox"/>	
Service Date	<input style="width: 100%;" type="text"/>	
Details of Service Required:		
Set-Top Box Installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extension Socket(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trunking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
De-Activate Multi View Smartcard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Activate Multi View Smartcard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Billing Information:		
Will be billed to existing Sure account number:-	<input style="width: 100%;" type="text"/>	
Smartcard Number	<input style="width: 100%;" type="text"/>	
Set-Top Box 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

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Authorised Signatory	Date	
ACCEPTED ON BEHALF OF SURE SOUTH ATLANTIC LIMITED		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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	<input type="checkbox"/>	
	Non-Permanent	<input type="checkbox"/>	
'DEBTORS' LIST		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
PERMANENTLY EMPLOYED		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
IN RECEIPT OF BENEFITS		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
BUSINESS ESTABLISHED FOR MORE THAN 12 MONTHS		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
SERVICE REQUIRED	IDD & Local	<input type="checkbox"/>	
	Local Only	<input type="checkbox"/>	
	Television	<input type="checkbox"/>	
	Broadband	<input type="checkbox"/>	
	Mobile	<input type="checkbox"/>	
RECOMMENDATION (office use only)			
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 200px; height: 30px;"></div> <div style="border: 1px solid black; width: 200px; 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: 200px; height: 30px;"></div> <div style="border: 1px solid black; width: 200px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Sig. Accountant Date </div>			