



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		
Nature of Business or Occupation of Applicant		
Address of Applicant		
Address where service required		
Telephone Number		
Do you have existing TV services?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Customer Service Class		
Gov <input type="checkbox"/> Bus <input type="checkbox"/> Res <input type="checkbox"/> Dual <input type="checkbox"/>		
Service Date		
Details of Service Required:		
Reception Survey (if applicable)	Yes	No
Estimated Installation Cost	Yes	No
Aerial Installation	Yes	No
Set-Top Box Installation	Yes	No
Extension Socket(s)	Yes	No
Trunking	Yes	No
De-Activate Smartcard	Yes	No
Activate Smartcard	Yes	No
Please select which TV package you would like to subscribe to		
<input type="checkbox"/> Standard <input type="checkbox"/> Premium		
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:-		
Contact Details:		
Name		
Telephone number		
Email Address		
Other Details:		
Short Term Customer Yes <input type="checkbox"/> No <input type="checkbox"/> Cease Date <input style="width: 100px;" 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/ Printed Name	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; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <input style="width: 150px; height: 30px;" type="text"/> Sig. RM&CS Manager </div> <div style="text-align: center;"> <input style="width: 150px; height: 30px;" type="text"/> Date </div> </div>		
APPROVAL		
<div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <input style="width: 150px; height: 30px;" type="text"/> Sig. Accountant </div> <div style="text-align: center;"> <input style="width: 150px; height: 30px;" type="text"/> Date </div> </div>		