

Application Form

AND DEBIT ORDER MANDATE Email to: applications@televido.co.za

PLEASE NOTE A DELIVERY FEE

A PRODUCT OF WESTREAM PTY LTD

ID

OF R120 APPLIES

PERSONAL D	ETAILS:				
MR / MRS / MISS NAME:			SURNA		use YOUR OWN cell r
PASSPORT / ID NUMBER:			CELL NO:		
PH	YSICAL ADDRESS:				
			POST	· · · ·	
PLEASE SELEC	CT THE SERVICES Y	OU WANT TO SUE			
TELEVIDO PLUS:	R225 P/M	MY FAMILY CINEMA:	R85 P/M	AFRIKAANS:	R250 P/Y
	BANKING DETAILS	(To be used for	the monthly de	ebit order):	
BANK:			BRANCH:		
ACC NAME:			ACC NO:		
debit my for my subscri	y authorize WeStream To y account directly for the ption monthly, on the first signed the attached deb	e amount due st day of the month.	SIGNA	TURE:	
				ANIVINIO DETAILO	

FOR OFFICE USE ONLY: DEPOSITS:

EFT CASH CARD

RANKING DEIAILS:

Acc Name: WESTREAM TV PTY LTD

Bank: FNB

Acc No: 62809082837 Branch: 25 53 55 Reference: Your ID or **FULL NAME & SURNAME**