

MUD ACCREDITATION APPLICATION

DATE OF APPLICATION		
FIELD	COMMENTS	SELECTION
Name Full of Applicant		
Email Address		
Contact Nr		
Type of Business (Select one and provide required info)		
Individual	Identity Number:	Trading Name of Installation Business:
CICP Registered Company	CIPC Company Registration Number:	Trading Name of CICP company:
<input type="checkbox"/> VAT Registered	VAT Registration Number:	
<input type="checkbox"/> Not VAT Registered		
Physical Address of Business		
Region of the Application (Select One)		
<input type="checkbox"/> Eastern Cape		<input type="checkbox"/> Mpumalanga
<input type="checkbox"/> Free State		<input type="checkbox"/> North West
<input type="checkbox"/> Gauteng		<input type="checkbox"/> Northern Cape
<input type="checkbox"/> Kwa Zulu Natal		<input type="checkbox"/> Western Cape
<input type="checkbox"/> Limpopo		

By completing this application, you acknowledge that you comply with the requirements to become an Accredited Installer as outlined on the website and that you agree that your application will not be considered with incomplete information that would enable successful evaluation of your application.

Note: Incomplete applications will not be considered. Communication regarding your application can be directed to installeradmin@multichoice.co.za

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We also require you to complete the following spread sheet for the DStv MUD (Systems Integrator) Accreditation Evaluation.

- Reference Site, where you provided MUD Installations
- Vehicle Information
- Technician Information
- Tools Information

1. Reference Sites, where you provided MUD Installations

Body Corporate Details				MUD Site Details				Installation Details	
Property Company Name	Caretaker Name	Caretaker Surname	Contact Details	Managing Agent Name	Chairperson Name	Contact Details	Email Address	Installation Type	Number of Points

2. Vehicle Information

Vehicle available for DStv Installations (bakkie, panel vans)		
Make	Model	Registration

3. Technician Information

Technician information and Qualifications				
Technician Name	Technician Surname	Training Level Completed	Qualification Number	Contact Details

4. Tools Information

Tools your Company has access to		
Tools	Serial Number	Model Type

Kindly send the completed the above spread sheets to
installeradmin@multichoice.co.za and mudtechsupport@multichoice.co.za.