

ACCREDITATION APPLICATION

DATE OF APPLICATION:		
FIELD	COMMENTS	SELECTIONS
General Information (owner)		
Title:		Mr.
		Mr. and Mrs.
		Ms.
Trading Name:		
type of company		Private Company
		Public Company
		Close Corporation
		Sole Trader
		Partnership
		Other
Company Registration / ID number		
Company VAT Registration number		
Country		
Region		Eastern Cape
		Free State
		Gauteng
		Kwa Zulu Natal
		Limpopo
		Mpumalanga
		Northern Cape
		North West
		Western Cape

FIELD	COMMENTS
Postal Address:	
PO Box/Private Bag Number:	
City/Town:	
Postal Code:	
Physical Address:	
Street Name or Building:	
House Number:	
City/Town:	
Postal Code:	
Contact Details:	
Contact Name:	
Office Telephone:	
Mobile Telephone:	
Fax Number:	
Email Address:	
Areas that you want cover without travel charges to customers	
City/Town/Suburb:	
Postal Code:	
City/Town/Suburb:	
Postal Code:	
City/Town/Suburb:	
Postal Code:	
City/Town/Suburb:	
Postal Code:	
City/Town/Suburb:	
Postal Code:	
City/Town/Suburb:	
Postal Code:	

Kindly send the completed form to installeradmin@multichoice.co.za

By signing this application, i acknowledge that i comply with the requirements as per the website to become an Accredited Installer