



CONTACT DETAILS

Domestic Licence: (011) 330 9555 | tvlic.info@sabc.co.za
Business Licence: (011) 330 9702 | businesstvlic@sabc.co.za
Retailer Licence: (011) 330 9707 | dealers@sabc.co.za
Web: www.tvlic.co.za



TV Licences
 Pay yours. Make a difference.

Debit Order Authorisation

TV LICENCE ACCOUNT NO. <input type="text"/> IDENTITY / BUSINESS REGISTRATION NO. <input type="text"/> SURNAME / BUSINESS NAME <input type="text"/> TITLE (Mr, Mrs, etc.) <input type="text"/> INITIALS <input type="text"/> PHYSICAL ADDRESS <input type="text"/> POSTAL ADDRESS <input type="text"/> POSTCODE <input type="text"/>	DOMESTIC LICENCE <input type="checkbox"/> BUSINESS LICENCE <input type="checkbox"/> RETAILER LICENCE <input type="checkbox"/> NUMBER OF SETS <input type="text"/> NEW DEBIT ORDER APPLICATION <input type="checkbox"/> DEBIT ORDER AMENDMENT <input type="checkbox"/>
---	--

For Business/Retailer provide details of the contact person (Title, Initials, Surname & Designation)

TEL (HOME) () TEL (WORK/BUSINESS) ()
 CELL E-MAIL

PLEASE NOTE: A concessionary domestic licence/Business TV Licence/Retailer TV Licence is payable **only on an annual** basis.

1. BANK NAME OF BANK <input type="text"/> ACCOUNT NO. <input type="text"/> BRANCH NAME <input type="text"/> BRANCH CODE <input type="text"/>	SAVINGS <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> CHEQUE <input type="checkbox"/>	2. CREDIT CARD ACCOUNT NO. <input type="text"/> TYPE OF CARD <input type="text"/> MASTER <input type="checkbox"/> VISA <input type="checkbox"/> EXPIRY DATE M M Y Y <input type="text"/> DATE ON WHICH DEBIT ORDER TAKES EFFECT MONTH YEAR M M Y Y <input type="text"/>																				
NO. OF MONTHS FOR PAYMENT PERIOD 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>		MONTHLY <input type="checkbox"/> ONCE OFF/ANNUAL <input type="checkbox"/>																				
PLEASE MARK WHICH DAY OF THE MONTH IS SUITABLE FOR THIS DEDUCTION WITH AN X <table border="1" style="font-size: small;"> <tr> <td>1st</td> <td>15th</td> <td>20th</td> <td>25th</td> <td>26th</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>27th</td> <td>28th</td> <td>29th</td> <td>30th</td> <td>31st</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			1 st	15 th	20 th	25 th	26 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 th	28 th	29 th	30 th	31 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st	15 th	20 th	25 th	26 th																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
27 th	28 th	29 th	30 th	31 st																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

I hereby authorise TV Licences to effect the following: (Please select one of the options below with an X)

- I hereby grant TV Licences permission to continue with an annual debit order deduction of my TV Licence due for renewal.
 I hereby grant TV Licences permission to continue with monthly deductions of my domestic TV Licence due for renewal.
 I do not choose to continue paying my TV Licence renewal via a debit order. Please cancel my debit order for a renewal of TV Licence.

I hereby authorise TV Licences to debit the above bank account at the indicated intervals according to the agreed method of payment for the above period, **until I request TV Licences in writing to cancel this debit order.**

All the appropriate deductions will be made in accordance to the agreed date selected above. Please allow a minimum of 30 days for processing. TV Licences will debit all payments in arrears on this account.

DATE

SIGNATURE

FOR OFFICE USE ONLY

NAME	CONTACT NO.	DATE