



CONTACT DETAILS

Retailers Department
 (011) 330 9707 | dealers@sabc.co.za
 Web: www.tvlic.co.za



Pay yours. Make a difference.

Dealer TV Licence Application Form

NAME OF THE DEALER:

REGISTRATION NUMBER:

VAT NUMBER:

PHYSICAL ADDRESS OF THE DEALER: (DOMICILIUM)

 POSTCODE

POSTAL ADDRESS OF THE DEALER:

 POSTCODE

DATE DEALER COMMENCED SELLING TV SETS:

DETAILS OF LESSOR IF PREMISES IS RENTED BY THE DEALER:

DURATION OF DEALER LEASE:
 START DATE
 END DATE:

CONTACT DETAILS FOR PAYMENTS:

NAME OF CONTACT PERSON:

DESIGNATION OF CONTACT PERSON:

LANDLINE ()

E-MAIL

CELL

DETAILS OF APPLICANT:

FULL NAME OF APPLICANT:

DESIGNATION OF APPLICANT

SIGNATURE

DATE

I hereby confirm I have the necessary authority to open a Dealer TV Licence on behalf of the above mentioned Dealer.
 (Please mark with an X)