



SUBSCRIPTION CONTRACT FOR SUPPLY OF MYSAT SERVICE

Incomplete Paper Work Will Not be accepted

Please Select: Mr. Mrs. Miss. Ms. Dr.

First Name: _____ Surname: _____

Do You Live In a House/Dwelling Unit/Town House/Villa Department Of Housing

Street Number: _____ Street Name: _____

Suburb/Town: _____ State: _____ Post Code: _____

Home Phone Number: _____ Mobile Number: _____

Package: Italian Greek Arabic

Email: _____

Date of Birth: _____ Driver's License or Passport Number: _____

I have not paid any bond and I agree that the smart card is the property of MySat.
Upon Disconnection the smart card is to be returned via registered mail to our offices or a fee will apply.

I confirm that I have read and understood the terms and conditions of MySat DTH Subscriptions Agreement and I agree to be bound by these terms and Conditions.

Name: _____

Signature: _____ Date: ____/____/____

Office Use Only:

Smart Card #: Start Of Term: