

MUD ACCREDITATION APPLICATION

DATE OF APPLICATION						
FIELD		COMMENTS		SELECTION		
Name Full of Applicant						
Email Address						
Contact Nr						
Type of Business (Select one	and p	rovide required info)				
Individual	Iden	itity Number:	Trading Name of Installation Business:			
CICP Registered Company		Company istration Number:	Trading Name of CICP company:			
☐ VAT Registered	\/AT	Registration Number:				
☐ Not VAT Registered	VAI	registration number.				
Physical Address of Business						
Region of the Application (Se	elect O	ne)				
Eastern Cape			Mpumalanga			
☐ Free State			☐ North West			
Gauteng			☐ Northern Cape			
Kwa Zulu Natal			Western Cape			
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 csqa@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	Serial Number Model Type			

Kindly send the completed the above spread sheets to CSQA@multichoice.co.za

