



REGISTRATION
SATELLITE RECEIVE ONLY TERMINAL

Private Registered Co. Broadcasting

*Fields that are mandatory are indicated by an *. Application form must be completed as thoroughly as possible.*

*Name: _____

*Address: _____

(Note: Mailing address must be accurate)

P.O. Box: _____ *Telephone: _____ Fax: _____

Email address: _____

First Registration? Yes No

Date of Previous Registration: _____

*Band in which terminal will operate Ku C other

*Antenna: Size (feet) _____

Make: Local Imported

Orientation: Automatic Manual

RF Amp: LAN LNB

Feed Horn: Single Feed Dual Feed

*Location – District: _____

*Street: _____

**GPS Coordinates - Application cannot be processed without these coordinates
(Enter Location for the Installation)**

*Longitude: _____ *Latitude: _____

(Online Services such a Google Earth/Map can assist in determining the coordinates)

Kindly attach equipment details on a list if space below if not sufficient.

Receiver:

***Manufacturer:** _____

***Model:** _____ ***Serial No:** _____

***Model:** _____ ***Serial No:** _____

Videocipher: Built – in Separate None

*Name of Responsible Person: _____

Declaration:

I declare that the contents of this application form and any enclosures are true and correct in all aspects.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Approved: _____

Date: _____

STVRO Registration No.: _____

Fee/Year: _____

License Fee: 1 satellite Receive Only System (1 dish + 1 receiver):
\$150.00 per annum

Additional receivers to above system:
\$50 per receiver per annum

