

TRAVELLERS FORM

NAME: _____

POSTAL ADDRESS: _____

TOWN: _____ STATE : _____ POSTCODE: _____

PH: _____ FAX: _____

E-MAIL: _____

Smartcard No: _ _ _ _ / _ _ _ / _ _ _ _

Details of Trip:

Dates travelling
eg May 06 – Aug 06

Outline of travel destinations: pls note this service may only be activated for use within the TV1 REMOTE CENTRAL & EASTERN LICENCE AREA.

Signed:
(Traveller)

Date:.....

Please note each application is assessed and approved on an individual basis. If granted, approval to receive Imparja & Southern Cross Television Central may be issued for a maximum timeline of 6 months after which the service will be disabled and a fresh application must be lodged.

Please return this Travellers form by facsimile or post to both IMPARJA and SOUTHERN CROSS TELEVISION CENTRAL .

DECODER LOCATION FORM

SITE ADDRESS: _____

TOWN: _____ STATE : _____ POSTCODE: _____

Smartcard No: _ _ _ _ / _ _ _ / _ _ _ _

Signed:
(Owner)

Date:.....

Please return this form by facsimile or post to either IMPARJA or SOUTHERN CROSS TELEVISION CENTRAL