7/2004 Series

SUBSCRIBER APPLICATION FORM

Validated By:

(For PMSI Use Only)

For Inquiries: Call 02-9188000

Contract No. - _____

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**
BIRTHDATE:	NAME OF SPOUSE:	SPOUSE TEL. NO.
PHONE NO.:	GENDER M ◯ F ◯	HOME OWNERSHIP:
MOBILE NO.:	CIVIL STATUS: M ◯ S ◯	OWNED: ◯
EMAIL ADD:	POSITION:	RENTED: ◯
COMPANY NAME:		YRS. IN COMPANY:

ID REQUIREMENT:

FOR PLANS WITH 12-MONTHS OBLIGATED SUBSCRIPTION:

◯ Valid Picture ID ◯ Proof of Billing ◯ Landline / Mobile No.

FOR PLANS WITH OPEN SUBSCRIPTION:

◯ Valid Picture ID ◯ Landline / Mobile No.

RESIDENTIAL/BILLING ADDRESS: Telephone Number:

Zip Code:

INSTALLATION ADDRESS: Telephone Number:

Zip Code:

IRD MODEL	**PLS. INDICATE PLAN**	**PLS. CHECK SUBSCRIPTION PACKAGE**				
		175 ◯	**400** ◯	**750x12**		
		275 ◯	**550** ◯	◯		
		350 ◯	**750** ◯			

PREPAID CARD (1st Month Payment) DETAILS:

350	**550**	**750**	**1000**	
◯	◯	◯	◯	**PREPAID CARD NO :** - - - - - - - - -
				PREPAID CARD PIN: - - - - - - - - - - - - - - - -

SUBSCRIPTION PAYMENT (Pls. Check)

VIA PREPAID CARDS ◯

AUTO DEBIT VIA CREDIT CARD ◯

FILL OUT IF SUBSCRIPTION PAY'T IS VIA CREDIT CARD:

MASTERCARD ◯ **VISA** ◯ **AMEXCO** ◯

CREDIT CARD NUMBER:

EXPIRY DATE:

SUBSCRIBER DECLARATION FOR PLANS WITH OBLIGATION PERIOD

1. I affirm that the above information are true and correct, and that the supporting documents attached are genuine and authentic and I voluntarily submit the same for purposes of my application for the Dream service.
2. I am fully aware that a minimum subscription of twelve (12) months is required of the plan and should the subscription plan be terminated, cancelled or transferred before the laspe of the 12-month period, I am required to return the unit and pay Dream Broadcasting System / PMSI a termination fee of Php5,000.00
3. I fully understand the fees, package rates and charges for my subscription to Dream and agree to pay the same in accordance with their due dates. I understand that I will be subject to interest and penalties for the late or non-payment stated in the the Terms and Conditions and agree to pay the same.
4. I hereby confirm I have read the Terms and Conditions on the reverse side of this form and that I shall comply with them and with any additional terms and conditions in any certificate required to be executed in connection with any particular Dream promotions.
5. I agree that Dream Broadcasting System or Philippine Multimedia System, Inc. (PMSI) may modify those terms and conditions at any time without prior notice. I further agree that Dream can cut-off service to me under the conditions stated in the reverse side of this form.

Subscriber Signature **Date**

SERVICE INFORMATION: **FOR PMSI / DEALER'S USE ONLY**

STICKER NUMBER:
IRD / DECODER NUMBER:
SMARTCARD NUMBER:

INSTALLER NAME:
ADDRESS:
TEL. NO./ MOBILE NO.:
DATE OF INSTALLATION:

IRD SOURCE:

NAME OF REGIONAL/NATIONAL DISTRIBUTOR OR DEALER:

Dealer ◯ _____
RD ◯ _____
ND ◯ _____

DEALER / RETAILER CERTIFICATION

I have checked and verified the submitted application form and supporting documents to be in accordance with Dream Broadcasting System requirements. As a Dealer/Retailer of Dream, I have also assigned and contracted the installation services to the company/person below. As an installer, I certify that installation was done at the specified subscriber installation address above. I understand that any misrepresentation on the above my result in the revokation of my dealership.

Dealer Name & Signature Installer Name & Signature