

# Application Form

## DSO Customer Support in Retailing

### Details of Company/Organisation

Name of company / organisation:

Company / organisation's registered address:

VAT number:

Number of retail outlets (where applicable):

*Please attach addresses of retail outlets.*

**Retailers:** Some details that will help us tailor training and support according to your needs.

Do you sell, or intend to sell:

TVs with integrated DVB-T tuner  DVB-T set top boxes  DVB-T SCART adapters

PVRs with integrated DVB-T tuner  DVB-T PC Cards / USB  UHF TV aerials

Other TV consumer equipment with integrated DVB-T tuner (please specify):

Do you install digital set-top boxes upon request? Yes  No

Aerial Installers: Number of years of experience installing and/or repairing aerials: \_\_\_\_\_

*Certificate of Conduct issued by the Police within six (6) months prior to the date of application is to be presented.*

### DSO Customer Support in Retailing Contact Person

Surname

Name

Position

ID card no.

Telephone

Mobile

Email

## Observation of Guidelines

I, the undersigned, hereby declare that:

1. I will abide by the DSO Customer Support in Retailing Best Practice Guidelines issued by the Digital Switchover Committee or any of its authorised agents.
2. As the representative of an organisation participating in this best practice initiative, I commit myself to, at all times preserve, promote and not undermine the goodwill, reputation and integrity of the DSO Mark and the Digital Switchover Committee.
3. As the representative if a retail outlet or chain of retail outlets, I commit myself to, at all times, use the DSO Mark in the following ways:
  - to indicate that the particular retail outlet supplies digital TV consumer equipment, including DVB-T digital boxes and iDTVs suitable for watching free-to-air digital Maltese TV; and
  - voluntarily, in advertising material promoting digital TV equipment suitable for watching free-to-air digital Maltese TV.
4. As an aerial installer, I commit myself to, at all times, use the DSO Mark to identify myself with the DSO Customer Support in Retailing initiative.
5. I understand that any infringement of this declaration may lead to the termination of the award of the DSO Mark.

Name:

Date:

Signature

## For office use only

I, the undersigned, certify that \_\_\_\_\_  
has satisfied all necessary criteria to participate in the DSO Customer Support in Retailing initiative.

Name:

Date:

Signature

### Digital Switchover Committee

c/o Malta Communications Authority  
Valletta Waterfront  
Pinto Wharf  
Floriana, FRN1913  
Tel: +356 21 336 840 Fax: +356 21 336 846

DSO Customer Support in Retailing Best Practice Guidelines may be downloaded from  
[http://www.dso.org.mt/DSOCSiR\\_guidelines](http://www.dso.org.mt/DSOCSiR_guidelines)

This form may be downloaded from [http://www.dso.org.mt/DSOCSiR\\_appform](http://www.dso.org.mt/DSOCSiR_appform)