CABS

A Member of the OLDMUTUAL Group

DSTV DEPOSIT / TRANSFER SLIP (delete in applicable)

DSTV/Smart Card Number

Subscriber's Name _____

Bouquet _____ Term (*tick applicable*) 1 Month ☐ 3 Months ☐ 6 Months ☐ 12 Months ☐

Subscription Amount		
CABS Charge Amount		
Total Amount Tendered		

Teller's Stamp
and
Initials

CABS 217/18