WALESI SUBSIDY FORM

SECTION A: PERSONAL INFORMATION

Full name:

If known by another name, please specify other name:

Date of Birth: _______ Phone: (T) (M)

Residential Address:

District/Tikina: _______ Province: _______

SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)

☐ Voter Identification Card No.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

☐ Other valid photo identification (please specify):

SECTION C: Place of Installation

Power Source:

☐ Generator

☐ Solar

☐ FEA (specify Account Number):

SECTION D: HOUSEHOLD DETAILS

Number of adults in household: _______ Number of children in household: _______

List of wage earners in household and annual income (gross):

<table>
<thead>
<tr>
<th>Wage earner</th>
<th>Annual income (before tax and FNPF deductions)</th>
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SECTION E: DECLARATIONS

By ticking this box ☐, I declare that:

(a) the gross annual combined income of my household (persons living in the same house) is $30,000 or less;
(b) to the best of my knowledge, no other member of my household has applied for, or is planning to apply for, assistance under the Walesi Subsidy Programme;
(c) I have not already received a Set Top Box from Government under the subsidy Programme;
(d) I will install and use the Set Top Box only at my place of residence;
(e) I understand that the provision of false information to Government for the purposes of receiving a benefit is an offence under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to $20,000 or an imprisonment term of up to 10 years or any or all of the foregoing; and
(f) I give my consent to the Government to enter my home to conduct inspections and investigations.

SECTION F: SIGNATURE

I, (full name) ________________, of (address) ________________, solemnly and sincerely declare that the information contained in this form is true and correct and I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act (Cap. 43).

Declared at ________________, this _______ day of ______________, 2018 before me and I certify that the declaration was read over in the ________________ language to the declarant who appeared fully to understand the meaning thereof.

(signature of witnessing officer)

Name: __________________________
Office held: __________________________

Signature of Declarant

SECTION G: Walesi Official Use Only

Information entered into CSMS database:

SECTION H: STB Details

Serial Number: __________________________
Date Issued: __________________________
Issuing Officer: __________________________
Signature: __________________________

SECTION I: RECEIPT OF STB

I confirm receipt of my STB.
Signature/Thumbprint
Date: __________________________