



Application form – Digital Switchover Retail Advisor Scheme

Please complete all details in this form. Write N/A where not applicable.

A LICENSEE DETAILS			
1	Company name <i>(the Licensee name)</i>		
2	Operational name/trading name <i>(if different to above Company name)</i>		
3	Australian Business Number (ABN)		
4	Company type <i>(check the appropriate box)</i>	<input type="checkbox"/> Pty Ltd <input type="checkbox"/> Inc (Incorporated) <input type="checkbox"/> Other <i>[please specify]</i>	
5	Director/s (or equivalent position)	<i>[insert full name/s here]</i> <i>[insert the equivalent position here]</i>	
6	Does the company have a Company Secretary?	<input type="checkbox"/> YES – <i>[insert full name here]</i> <input type="checkbox"/> Not applicable <input type="checkbox"/> NO – The company has a sole director who is also the sole company secretary.	
7	Does the company usually affix a common seal in executing a contract or deed of agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	Street number and street name <i>(PO Box address NOT accepted)</i>		
9	Suburb – State/Territory – Postcode	<i>[Suburb]</i>	<i>[State/Territory]</i> <i>[Postcode]</i>
10	Contact address for sending notices regarding the Deed of Agreement. Post office box address accepted.	<input type="checkbox"/> <i>[same as above address]</i> <i>[if different to above, insert address here]</i>	
11	Website address		
B MAIN CONTACT PERSON			
1	Name	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr <i>[insert full name here]</i>	
2	Position		
3	Telephone and Fax <i>(incl area codes)</i>	Tel []	Fax []
4	Email		
C ALTERNATE CONTACT PERSON			
1	Name	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr <i>[insert full name here]</i>	
2	Position		
3	Telephone and Fax <i>(incl area codes)</i>	Tel []	Fax []
4	Email		

D STORE INFORMATION	
1	Do you have a retail store accessible to the public? <input type="checkbox"/> YES <input type="checkbox"/> NO
2	Does your store sell digital television receivers and/or digital TV capable devices? <input type="checkbox"/> YES <input type="checkbox"/> NO
3	How many stores are to be registered under this application?
4	Do you want to register an online store under this application? <input type="checkbox"/> YES <input type="checkbox"/> NO
5	What is the generic store/s or franchise trading name?
6	The registered stores operate under? Franchise Agreement <input type="checkbox"/> YES <input type="checkbox"/> NO Wholly-owned <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <i>[please specify]</i>
7	What are the business days and operating hours for the store/s?
E EXPECTED PROMOTIONAL USE OF THE LABELS (check all that apply)	
1	What advertising activity do you anticipate doing that will include the product labels? <input type="checkbox"/> Catalogue <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Website <input type="checkbox"/> Brochure <input type="checkbox"/> OTHER - [please specify]
F DECLARATION	
1	Please send me a copy of the Deed of Agreement in relation to the Digital Switchover Retail Advisor Scheme. I understand that you will use some of the information above in preparing the copy of the Deed of Agreement.
2	Upon successful execution of the Deed of Agreement, I understand that I will be licensed to use approved images associated with the Australian Government's "Get Ready for Digital TV" campaign on television, radio and print media. Further, I will ensure that the stores registered under the scheme will nominate at least one of their staff members to participate in the Digital Advisor Assessment.
3	I understand that completing and submitting this application form will enable me to receive a copy of the Deed of Agreement only, and does not constitute any agreement for the use of the product labels or any copyrighted images.
4	I declare that the information I have provided on this application form is true, accurate, and up-to-date. <input type="checkbox"/> YES <input type="checkbox"/> NO
5	Full name of the person making the Declaration
6	Position
7	Date (dd/mm/yyyy)

Please submit this form by email to switchover_retailers@dbcde.gov.au or fax to 02 8023 3776.

What happens next?

- (a) **ASSESSMENT:** Your completed application form will be assessed. Once you have completed the initial requirements, we will send you two copies of the Deed of Agreement for your completion. Please allow three to 15 business days response time.
- (b) **EXECUTION OF THE DEED OF AGREEMENT:** You need to sign both copies of the deed and include details of all stores to be registered.
- (c) **BEGIN USING THE LABELS, AND NOMINATE YOUR DIGITAL ADVISOR/S:**

You can start using the **Australian Government labels** for digital-ready qualified products in your promotional, marketing and/or sales materials that relate to the qualified products.



The current list of qualified products is posted at www.digitalready.gov.au

You can nominate your staff to be assessed as **Digital Advisors**. The assessment is free of charge. Employees who have passed the assessment will be issued with a Digital Advisor badge.



You can start promoting your store's association with the **Digital Switchover Program** once you have an approved Digital Advisor.

You can use the "Get ready for digital TV" campaign logo to promote your store.



Television and radio advertisements promoting the digital switchover, including the labelling scheme for digital-ready products, are on the website www.digitalready.gov.au