

# E-Paper Subscription Application Form

Company Name: ..... TIN Number: .....  
 Contact Person: ..... Office Telephone: .....  
 Mobile Phone: ..... E-mail Address: .....  
 Address (Building, Plot No., Street, Town): .....

### Number of Users

 New Vision   Bukedde

Subscription period (Start Date): ..... (End Date): .....  
 Method of payment or as agreed with the Circulation Manager below: .....  
 Amount paid: ..... In words: .....

### Corporate Digital Newspaper subscription rates

E- Paper rates per user login in Ugandan Shillings – (No PDF Downloads)

#### New Vision E-Paper

Volumes/ Users	1 Month Subscription	3 Month Subscription	6 Month Subscription	1 Year Subscription
1-99	1500	1400	1300	1200
100-499		1300	1200	1000
500-999			1000	900

#### Bukedde E-Paper

Volumes/ Users	1 Month Subscription	3 Month Subscription	6 Month Subscription	1 Year Subscription
1-99	1000	1000	1000	900
100-499			900	800
500-999				700

- To subscribe, you are required to provide details of all the recommended users in excel form.
- Account sharing is NOT permitted.

All payments to be made to the cashier at the Vision Group Head Office 3<sup>rd</sup> Street Industrial Area, Kampala or in the bank with the following details.

**ACCOUNT NAME:** The New Vision Printing & Publishing Co. Ltd. Corporate Branch  
**BANKER:** Stanbic Bank-A/c no is 9030005950421; **Swift Code** SBICUGK  
 Standard Chartered Bank - A/c no is 0105610690400; **Swift Code** SCBLUGKA

I, THE UNDERSIGNED, On behalf of ..... and being fully authorised to enter this agreement on its behalf do agree to the terms as contained herein.

Signature ..... Title .....

Name ..... E-mail .....

Signed on behalf of Vision Group

Name ..... Title .....

Signature ..... Tel Contact .....