



CUSTOMER APPLICATION FORM

M/s. Debjani Cable Tv Networks Pvt. Ltd.

CAF NO.:

Nearest Ashoknagar Railway Station, Colony, P.O.- Maniktala,
P.S.-Ashok nagar, Dist-24 parganas (N),West Bengal-743263-
India, Ph- +919641202535

1. Type of Customer: Applicant's

2. Name: Contact Person Name

(Corporate): Type of Customer:

Ownership:

3. Installation Address:

4. Billing Address:

5. Contact No: Mobile

Landline

6. Photo ID Proof:

Proof Ref.No:

7. Residential ID Proof:

Proof Ref.No:

8. Package Name:

9. Subscription Charges Rs:

Activation Fee:

Payment Terms:

10. Payment Made:

Retail Price of STB
(Including GST) Rs:

Installation
Charges Rs:

Advance
Subs.Rs:

Total Rs:

11. Payment Mode:

Subscriber Declaration

I have read and understood the terms and conditions provided herewith and acknowledge that the tariff plan selected by me and the applicable rates together constitute the entire terms and conditions and i shall be bound by the same. I hereby declare and confirm that. I have received above hardware and the information contained herein is true and accurate in every respect.

Date:

DPO/LCO ID:
Network:

Address:

SMS ID:

Contact No:

STB Type:

STB MAC ID

V/C No.

Customer Signature

For M/s. Debjani Cable Tv Networks Pvt. Ltd.