BSNL WiMAX

BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

APPLICATION FORM FOR BROADBAND WIRELESS SERVICE (WiMAX)

Self signed passport size photograph of Customer/ authorised signatory

(Please fill the application form in capital letters only)

YOUR DETAILS

1 The Name of the Customer/Company/Firm/Organisation (Surname First)

Mr | Mrs | Ms | Dr | Msrs

2 Date of Birth

3 Gender ☐ Male ☐ Female

4 PAN/GIR No. (In case PAN/GIR, is not there submit IT declaration in form 60/61)
(required in case if Individual)

5 Installation Address (Supported with Documentary Evidence-Refer Clause 2 overleaf) :

PIN

6 Billing Address (In case other than installation address) :

PIN

7 Purpose : ☐ Residance ☐ Business ☐ Govt ☐ PSU

8 Proof of Residential Address (Refer Clause 2 over leaf)) ----------

9 Proof of Photo Identity (Refer Clause 3 over leaf)) ----------

10 Contact No. Tele. Mobile

11 Email Address

12 Existing BSNL Customer ☐ Yes ☐ No

13 If Yes, Provide (a) Tel. No. & Address

(b) Last Bill Payment Details Rs Date

CHOOSE YOUR PLAN

1 USO Plan : ☐ RWU 140 ☐ RWU 210 ☐ If any other, specify ----------

2 CSC Plan : ☐ WCSC 400 ☐ WCSC 1000 ☐ WCSC 1500 ☐ If any other, specify ----------

3 HOME Plan : ☐ HOWI 1000 ☐ HOWI 1800 ☐ If any other, specify ----------

4 BUSINESS Plan : ☐ BUWI 4400 ☐ BUWI 8000 ☐ BUWI 12000 ☐ BUWI 20000 ☐ If any other, specify ----------

5 Type of user : ☐ Single ☐ Multi User

6 Type of CPE required : ☐ Type 1 (Without WiFi) ☐ Type 1 (With WiFi) ☐ Out door ☐ USB Dongle

7 Bill Payment option : ☐ MONTHLY ☐ ANNUALLY

* (for details of plan please see BSNL website http://www.bsnl.co.in or BSNL WiMAX leaflet/pamphlet)

I / We hereby declare that information given above is true to the best of my knowledge and I will abide by the prevailing Telegraph Act/Rules framed thereunder & Tariffs as ammended from time to time.I/We am not a defaulter on account of non-payment of bills for any telecom services provided by any service provider. I have read and understood the terms & conditions provided overleaf to the form for Broad Band Wireless Services and accepted them as a binding on me. I/We have understood all rates, charges, tariffs and related terms & conditions at which telecommunications services are provided by BSNL as applicable on this date and as ammended from time to time. I/We confirm that the information(s)/particulars supplied by me is correct in all reaspect.

Signature of Customer/Authorised Signatory : Date :

FOR OFFICE USE ONLY

A Date of receipt of Application Received by

B Franchisee/DSA code

C AVCV by (Name) Signature

D CPE Make Model

E ESN CPE Service No.

F Date of activation

G BSNL Account Number

H CPE Label