



BHARAT SANCHAR NIGAM LIMITED

(A Government of India Enterprise)

[CUSTOMER AGREEMENT FORM FOR NEW LAND LINE TELEPHONE CONNECTION]

Affix self signed photograph

1 Companies/Organisation Individual Nationality

2 Title/Name of the Customer/Company/Firm/Organization (SURNAME/FIRST NAME/MIDDLE NAME)

3 Name of Father / Husband / Group / Proprietor / Partner(s)

4 Gender Male Female

5 PAN / GIR No. OR IT declaration in Form 60 / 61 as applicable

6 Tel. No. working, if any: Mobile Fixed E-mail ID

7 Number of Telephone connections required In Words In figures (Please see instruction No. 2)

8 Complete Address where Telephone(s) is/are required

9 Billing / Correspondence Address if different from the place where Telephone(s) is/are required

10 A Proof of Photo Identity enclosed (Please see instruction No. 12A)
B Proof of Address enclosed (Please see instruction No. 12B)

11 Category Code (Please write category Code No. as indicated in instruction No. 10)

12 Concessional Group Code No. (Please write category Code No. as indicated in instruction No. 11)

13 Purpose Residence Business Govt. PSU

14 Facilities required: Broadband* *If yes, separate requisition for broadband may also be filled
ISD CLI Hotline Conferencing Call Forwarding Hunting Facility Abbreviated dialing

15 The Category under which Tel. Connection is required to be registered in Provider Customer Preference Register
Blocked Un-Blocked (Pl. see instruction No. 9)

16 Whether Tel. Instrument is required Yes No (Please see instruction No. 3)

17 Whether Internal Wiring is required Yes No

18 Whether Nomination made Yes No (Please use prescribed format)

19 Tariff Plan Opted PLEASE SEE VARIOUS TARIFF PLANS AVAILABLE

20 Intial Payment Cash Cheque DD Credit/Debit card Amount Rs.
Cheque/DD No. Drawn on Bank Branch

21 I/We hereby declare that information given above is true to the best of my/our knowledge and I/We bill abide by the prevailing Telegraf Act/Rules framed thereunder & tarrifs as amended from time to time. I/We am/are not a defaulter on account of non-payment of bills for telecomservices provided by any service provider. I/We have read and understood the terms and conditions provided overleaf i.r.o. Land Line Telephone services and with signing this form same shall be binding on me/us. I/We have understood all rates, charges and related terms and conditions at which telecommunication services are provided by BSNL as applicable on this date and as amended from time to time. I/We confirm that the information(s)/particulars supplied by me is/correct in all respects.

Signature of Customer / Authorised Signatory

Signed at place

Signed on date

22 Certified that the identity, bonafide and address of the applicant have been verified by me / my representative

Name of Dealer/Point of Sale	Dealer Code and Stamp	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

23 FOR OFFICE USE ONLY

Checked, Requisite documents are enclosed

Date of Receipt of Form

Signature of Official with Designation/Office Stamp

Advice Note/Work Order issued as per above filled entries

Signature of Official with Designation/Official Stamp

Telephone Number Provided STD Code Indicator Number

Date of Opening DD MM Year

Signature of Official with Designation/Official Stamp