



A generation ahead

BHARAT SANCHAR NIGAM LIMITED

(A Government of India Enterprise)

(CUSTOMER AGREEMENT FORM FOR PREPAID CELLULAR CONNECTION)

Affix self signed
photograph

1 Service Required :	2G <input type="checkbox"/>	3G <input type="checkbox"/>	Existing No. for migration to 3G	<input type="checkbox"/>		
2 Title/Name of the Customer/Company/Firm/Organization (SURNAME/FIRST NAME/MIDDLE NAME)						<input type="checkbox"/>
3 Name of Father / Husband /Group / Proprietor / Partner(s)						<input type="checkbox"/>
4 Customer Category	Individual <input type="checkbox"/>	MNC <input type="checkbox"/>	Public Ltd. <input type="checkbox"/>	Pvt. Ltd. <input type="checkbox"/>	Govt. <input type="checkbox"/>	Others specify _____
5 Profession:	Service <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Student <input type="checkbox"/>	House Wife <input type="checkbox"/>	Others specify _____
6 Sex :	Male <input type="checkbox"/>	Female <input type="checkbox"/>	7 Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	8 Date of Birth : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 PAN/GIR No.(In case PAN / GIR No. is not there submit IT declaration in Form 60 /61)						<input type="checkbox"/>
10 Working Telephones Nos.	a) BSNL _____	b) Others _____	c) Fax No. _____			
11 E-mail address :	@ _____		12 Nationality	<input type="checkbox"/>		
13a Residential Address :	<input type="checkbox"/>					
	<input type="checkbox"/>					
	Phone: _____	Fax: _____	PIN			
13b Office / Business Address :	<input type="checkbox"/>					
	<input type="checkbox"/>					
	Phone: _____	Fax: _____	PIN			
14(a) Proof of photo identity (Refer Clause 2.3)	14(b) Proof of Address(Refer Clause 2.2) _____					
15 Facility Required (tick whichever is required) (* Corresponds to 3G Services only)	STD <input type="checkbox"/>	ISD <input type="checkbox"/>	National Roaming <input type="checkbox"/>	International Roaming <input type="checkbox"/>	Itemised Billing <input type="checkbox"/>	
Mobile TV * <input type="checkbox"/>	Video on Demand* <input type="checkbox"/>	Video Conferencing* <input type="checkbox"/>	Others (to be specified) _____			
16 Whether the telephone is to be included in National Do Not Call (NDNC) registry.	Yes <input type="checkbox"/>			No <input type="checkbox"/>		
17 Tariff Plan Opted (Refer Tariff plans)						
(a) For 2G Services : Standard <input type="checkbox"/>	Other <input type="checkbox"/>					
(b) For 3G Services : Voice Plan <input type="checkbox"/>	Data Plan (if any) <input type="checkbox"/>					
18 Out station customers						
Details of Local Reference : Name: _____	Phone No.(if any) _____					
(See Clause 2.4 overleaf) Address: _____						
19 Payment mode	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Demand Draft <input type="checkbox"/>	Credit/ Debit card <input type="checkbox"/>	Amount	<input type="checkbox"/>
20 Certified that the identity , bona fide and address of the applicant have been verified by me / my representative						

Name of Dealer / Point of Sale	Dealer Code and Stamp	Signature

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 amended 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 and conditions provided overleaf to this form for pre paid cellular services and accept them as binding on me. 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. If We confirm that the information(s)/ particulars supplied by me is correct in all respects, I/We declare that in case of roaming abroad my usage amount will not exceed the limit prescribed by FEMA regulation.

Signature of Customer/ Authorised Signatory

Signed on Date:

FOR OFFICE USE ONLY

A Date of Receipt of Form

B IMSI Provided

Date of Activation

MSISDN No

Signature of Official _____

Designation _____

