

PLEASE TELL US SOMETHING ABOUT YOURSELF

Name of Persons / Company / Firm/Association / Trust

[illegible]

Registration No :

[illegible]

GST No.

[illegible]

PAN GRN No :

[illegible]

Customer Details :

[illegible]

Contact Person Name :

[illegible]

Email ID :

[illegible]

Mobile Number :

[illegible]

Address Billing :

[illegible]

SERVICE DETAILS	
Type of SMS Service	
Transactional <input type="checkbox"/>	Platform: - GUI/Web <input type="checkbox"/>
Promotional <input type="checkbox"/>	SMPP <input type="checkbox"/>
	HTTP <input type="checkbox"/>
Other Services :- <input type="checkbox"/> _____	

PROOF OF ADDRESS (For Billing Address) _____

PROOF OF IDENTITY (For Billing Address) _____

YOUR SERVICE REQUIREMENT

THE CUSTOMER HEREBY GIVES THE FOLLOWING UNDERTAKING, NAMELY

(a) That I/We have read and understood New Telecom Policy (NTP) 1999 and all its subsequent notification, regulations and amendments ("the Regulation") and agrees to strictly ensure.

(b) That in case I/We, contravene any of the term of the Regulation, we shall be liable for penalties, disconnection and black listing as per terms of the Regulation.

Compliance to its terms and keep up to-date of any subsequent alterations or additions by the TRAI DOT.

I/We (herein mean an incorporated Company/Registered Firm/Proprietorship Undertaking/Government Undertaking/NGO or anybody registered or otherwise comprising of individuals/ect. Applying for a telecom services. We understood the terms and conditions provided overleaf and we voluntarily accept them. We further agree that if any changes are made in those terms and conditions from time to time, the same would be binding on us. We further declare and agree that we are not defaulters of Department of Telecommunications.

We confirm that whatever is stated above is true and correct and if any information is found to be then Mobisoftinfo Telecommunication Limited would be at liberty to withdraw all the facilities provided to us without any notice of assigning any reason and would also indemnify Pinnacle for the loss which it might have suered on account of providing the said false information or giving wrong facts.

I confirm that the customer has signed in my presence and I have verified all the original documents required for the services. I am satisfied that the information furnished in this form is accurate. I confirm having received all the initial charges made in this form.

Singnature
Sales Executive Name
Date :

Singnature
Customer Name
Date :