Change Request Form

Officer Code:



manage Timos	_							
ustomer Type*	Individual	Corporate						
iling Type*	Postpeld	Fepaid						
hange Type*	Address	SM Replacement	Relocat	ion	Vise Ex	dension		
roduct Type*	Mobility	Giga Fiber	JioLink		Others			Alle
ustomer information							1	(Visidy Si in Capital Letters)
lobile / FTTX Number*	19972	770901	Jio ID (ii	f available)				
ustomer / Company name*	89773770821							
	PIA	PRAVEEN						
ircle / State*	TAMI	LNADU	1	111	1 1 1			
Idress Change Details	Local Office Permanent Stiffing Send my bill et: Local Office Why enclare and et newardence							
umunt Address	42/5	9 KOLAN	THAI	MOIOR		117		
	KARU	RILLII	1111	111		111	Pin Code	639004
ew Address				1 1 1	111	1 1 1	1 1 1	
					Pin	Code		New permenent address
								j is same as local
se Extension Details sesport number	1		1	Type of	visa	d-0 14		
				Man ou	plry state	STAY	- 10 - 01	
ss number	EC 947	6719		4 13 G GV	he'y more	20 / 08	72026	
obile Change Details								
] my Postpaid bit and agree to eliance to take legal action in c	pay the same by due ase the issued SIM is	i have verified My pr date. I am also providing my P involved in any fraudulent solid	OVPOA to Reliano	e and authorise		Dino.		
ame and signature of custom	er (as per PQI) P	A PRAVEEN S	A	ate: 28/6	543			
roof of identity (POI)*	Kirs	dy altach document matching cross	of identity E	roof of Address	(POA)	Ma	stating for relocation	shifting or change in Address only
ype of POI PASS	PORT	dby GOI		pe of POA	PAS	SPORT	issued by	GOI
ocument no. V769	11679 Plac	TRUCHIRA	PPALLI	ocument no.	V76	91679	Place of issue	TIRUCHIRAPPA
ate of issue 2 b	03 20	2 2		late of lasue	21	03 2	022	
Customer Declaration				Point of Sale (POS) Declaration				
We further declare and undertake that all the information provided by meAs is true and correct in all aspects. Customer / Authorised Signatory				I/We hereby undertake and confirm that I/We have seen the customer and certify that the original proof of identity and address has been matched and verified with the self-sitested documents submitted by the customer.				
Customer / A	uthorised	Signatory		POS	- 1-			
wateristes / M								1 1 1 1
n case of company- lame of Authorised Signatory:	D.A	tut		Agent Name:				
Designation of Authorised Signatory:				Agent Code:				
Date of declaration	8 0 5 2	0 2 3 Signature &		Date of declars	tion D	D M M	VVV	V Signature & stamp with POS code & address
ctivation Officer Declaration			- L					
hereby confirm that the details	of the POI document	Activation O	fficer				Kasta San	
			T 4 3 4					
ubmitted by the customer for treatching with the records evall		Activation 0	///					