

CUSTOMER APPLICATION FORM

	Customer Indentification Number :																								
For Individuals	For Individuals																								
Name of Individu	еП				T	T	Т	Т			Г				П	1									
Middle Name							Ť	Ť	Ť	T	İ		Ī				Ī								
Last Name									T		7														
Date of Birth : Nationality : Indian Others DD MM YY Please specify:																									
For Non - Individuals																									
Name of Organisation:																									
• Status of Organisation: Partnership Firm Public Limited Co. Education Institute																									
Private Limited Co. Trust Government Organisation															n										
Others, please specify																									
PAN Number:																									
 Customer Cont 	act Detail	s:	05346 2001						Sand and								HOTELS	P. Passe	mikasa	1025300		nera i		esantou	Title Cold
Department	First Na	ame	I	ast	Nan	ne		Di	rect	Li	ne			Mo	bil	е				E-n	nail				
General																									
Technical																									
Finance																									
Customer Category :																									
Named Account SME / SMB SOHO Residential																									
ISP (Please attach a copy of ISP license) PCOs																									
OSP / BPO (Please attach a copy of OSP license given by DOT)																									
Service Installation	Address	: [П	Т				П		Т	Т			Т	Т	Т	Т	Т	Т	Т	Т				
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City:			□ F	Pin:						S	tate	e:			1										
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