AXN
Telecom & Internet Services
SCO-152, Sec. 21-C Mkt. Faridabad

Auth. Franchisos
(BHARTI INFOTEL LIMITED)

Form Number
No. 258

CUSTOMER RELATIONSHIP FORM

(For priority processing of your application, please complete all section in BLOCK LETTERS use only BLACK or BLUE INK ball pen.

PLEASE TELL US ABOUT YOURSELF

Type of Applicant ☐ Individual ☐ Propriter ☐ Partnership ☐ Pvt. Ltd. Co. ☐ other _____

Name of Applicant — Tittle | First Name | Mobile Name | Last Name

Orgnisation Name

Date of Birth D D M M Y Y Y Y — Gender ☐ Male ☐ Female — Connection for ☐ PCO ☐ Office ☐ Residence

Father's/Husband's Name

Nationality

E-mai ID if any (IN CAPS)

Mobile No. (If any) — Fax (if any) — Are you an income Tax Payee ☐ Yes ☐ No

Your PAN/GIR/Passport No. (If not available and payment in cash please provide copy of Form 60/61, If you are a foreign national please fill passp-ort Number

Permanent* /

Regd. Office Address — City

State — Pin Code — Tel.No.

Billing / Corespondence

Address (if different from installation address. — City

Please attach address proof) State — Pin Code — Tel.No.

SPECIMEN SIGNATURE

* For Individuals Only

Service Required ☐ Local ☐ STD ☐ ISD

Number of Lines requried (if more then one write in Box ☐ ☐

PLEASE GIVE YOUR PAYMENT DETAILS

Booking Amount : Registration Fee (Rs.)

How would you like to pay ?

☐ Cash — Receipt No. — Date D D M M Y Y Y Y 2 0 0

☐ Cheque/Draft (Local Cheque only) — No. — Date D D M M Y Y Y Y 2 0 0

DECLARATION

I/I on behalf of the Company hereby declare that information given above is true to the best of my knowledge and will abide by the prevailing Telegraph Act/rules framed there under and Tariffs as amerned from time. And I have also read and understood the terms and conditions provided overleaf and that I agree to abide by them. I further agree that if any changes are made in those terms and conditions from time to time, the same would also be binding on me. I further declare and agree that I am agree that I am not a defalter on account of non payment of bills for any telecom service provided by any services provider. I confirm that whatever is started above id true and correct and if any information is found to be false then ATIS-FBD would be at liberty to withdraw all the facilities provided to me without any notice or assigning any reason and I would also indemnify ATIS-FBD for the loss which it might have suffered on account of providing the said false information or giving wrong facts.

Destination | Place | Date D D / M M / Y Y Y Y

Signature and Stamp of the applicantwithin this box only.

FOR OFFICE USE ONLY

Catagory ☐ Key Account ☐ SME ☐ Residential

Expected Date of Installation D D / M M / Y Y Y Y 2 0 0

DP Number

Grid Code — Company's Receipt No.

Receipt Date : D D / M M / Y Y Y Y 2 0 0

Customer ID — Area Code :

Installation Date D D / M M / Y Y Y Y 2 0 0

Sales Executive Name/Signatue/Date

Sales C-ordinator Name/Signatur/Date

Dealer Stamp and Signature