



(A Government of India Enterprise)

Calcutta Telephones

(CUSTOMER AGREEMENT FOR PREPAID/POSTPAID CDMA CONNECTION)

Affix self signed photograph

1 Service Required: Fixed Wireless Mobile RUIIM Datacard: NIC EVDO
2. Title/Name of the Customer/Company/Firm/Organisation(SURNAME/FIRST NAME/MIDDLE NAME)
3. Name of Father/husband/Group/Proprietor/Partner(s)
4. Customer Category: Individual MNC Public Ltd. Pvt. Ltd. Govt. Others Specify
5. Profession: Self Employed Professional Student House Wife Others Specify
6. Sex: Male Female 7. Marital Status: Single Married 8. Date of Birth
9. PAN/GIR No.(in case PAN/GIR No. is not there submit IT declaration in Form 60/61)
10. Working Telephone Nos. a) BSNL b) Others c) Fax No.
11. E-mail address: @ 12. Nationality
13a Residential Address : PIN
Phone: Fax:

13b Office / Business Address : PIN
Phone: Fax:

14(a) Proof of photo identity 14(b) Proof of address
15 Facility Required (tick whichever is required) STD ISD National Roaming
International Roaming Itemised Billing Others (to be specified)
16 Whether the telephone is to be included in national Do Not Call (NDNC) registry. Yes No

17 Tariff Plan Opted (Refer Tariff Plans)
(a) For Fixed Wireless Services : Standard Others
(b) Mobile / RUIIM Plan
(c) Datacard NIC / EVDO Plan

18 Out station customers :
Details of Local Reference : Name Phone No.(if any)
19 Payment mode : Cash Cheque Demand Draft Credit/Debit Card Amount
Cheque / Demand Draft No. Date.

20 Certified that the identity , Bonafide and address of the applicant have verified by me/my representative

Table with 3 columns: 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/are not a defaulter on account of non-payment of bills for any telecom services provided by any service provider.

Signed on Date: Signature of Customer/ Authorised Signatory

FOR OFFICE USE ONLY

A. Date of Receipt of Form Date of Activation
B. IMSI Provided MSISDN No.
C. ESN

Signature of Official Designation