



ı		NAL FACILITIES FOR PAID CONNECTION	Application Form No.
1. Name:			
2. Comapany Name and Address:			
2. Comapany Name and Address:			
			PIN I
3. Residential Address			
J. Residental Address			
			PIN
4. Billing Address:		Residential Office	ee 🗌
5. Services: a) STD / ISD b) Roaming / National-International c) Itemised billing			
d) GPRS/MMS (For rental plan 6. Tick for Cancellation of these services: a)		b) Itemised billing	c) GPRS/MMS
7. Tariff Plan Opted specify plan name. (Se	e details in the brochure)		
8. CUG / VPN services			
9. Facility required. (Tick whichever is required) a) Call divret b) Group messaging c) Conferencing			
10. Bank A/c		Par	ı No
11. Tel No.: Office Resi:			
12. Fax No.: Office Resi:			
13. Cellone No.:		E-mail:	
For Automatic Roaming with Cellone, I wan	to subscribe to		
Roaming National			
Roaming International			
If applying for Roaming International please complete the following:			
Passport No.( Optional)*:		Validity:	
(*Mandatory if International Roaming required)			





## FORM OF ADDITIONAL FACILITIES FOR CELLONE POST PAID CONNECTION

Application Form No.

I/We have read and understood the terms and conditions for the roaming services and agree and undertake to pay all the charges applicable thereto including interest free security deposit and all other related tariffs/charges as applicable from time to time. I/We further undertake that I/We have read and understood the terms and conditions mentioned in Subscriber Enrolment form (SEF) as amended from time ro rime and accept them as binding on me and that the terms and conditions mentioned herein are in addition to the terms and conditions of SEF. I understand that it will be my sole responsibility to ensure that my usage amount while roaming abroad will not exceed the limit prescribed as per the FEMA regulation.

Time:		
Date:	FN/DS Code:	Subscriber Signature
Please ensure that all p Please ensure you ente	neque and if cheque, the same needs to be ayments are cleared and no out standing rethe same address as is available in our neg shall be activated only after successful	records.
	For offic	e use only
I have verified the copies of best of my knowledge.	the documents provided by the subscrib	per against the originals of the same and these copies are true to the
Date:		Signature:
Name:		Designation: