



CUSTOMER APPLICATION FORM

24X7 CALL CENTER NO. 08713221333

CAF NO : **5750**

SRI SAI GANESH MEDIA DIGITAL NETWORK (SSGMDN)

OFFICE COPY

H. No. 6-152, Near Urvasi Theater, Main Road, Bhupalpally, - 506169, Jayashankar Bhupalpally. Cell : 9505990044

Please tick the appropriate box, wherever boxes are provided for your answer

1. Type of Customer INDIVIDUAL CORPORATE HOSPITAL/HOTEL OTHER

2. Applicant's Name MR./MRS./MS. _____
(Please Attach one PP Size Photo) First Name _____ Middle Name _____ Surname _____

3. Date of Birth _____

4. Installation Address _____

City _____ Pin Code _____ State _____

5. Tel (Home) _____ STD Code _____ 6. Tel(Off) _____ STD Code _____

7. Mobile _____ 8. Email _____

9. Photo ID Proof Given DRIVER'S LICENSE PASSPORT VOTERS ID PAN CARD Aadhar OTHER

10. Residential ID Proof (If address different from above) TELEPHONE BILL GAS BIL RATION CARD Aadhar OTHER

11. Number of Members in the Family _____ 12. Number of childrens _____

13. Languages Spoken at Home _____

16. Internet Connection at Home YES NO 17. If Yes, Then Name of Service Provider _____

18. No of Cable Connections Used at Home _____ **USE SEPARATE CAF FOR MORE THAN ONE CONNECTION**

19. PACKAGE SELECTED (Please See Annexure-1) _____

20. SSGMDN BY CHOICE (A-La-Carte) (Please See Annexure-2) _____

21. Subscription Charge _____ 22. Payment Terms MONTHLY QUARTERLY HALF-YEARLY ANNUAL

23. Preferred Time of Contact 7-9 am 9-11 am 11-1 pm 1-3 pm 3-5- pm 5-7 pm 7-9 pm.

24. Set Tap Box Scheme RENTED OWNED OTHERS

25. Payment Mode(In Rs) ACTIVATION CHARGES _____ SECURITY DEPOSIT _____ OTHERS (PL SPECIFY) _____ TOTAL _____
(Internal Wire)

*For the list of channels in a particular packages, please check the package leather of the company available with your Customer Service Representative / Dealer

I have read, understood & accepted the terms & conditions mentioned overleaf/attached covering subscription and Set Top Box Agreement which forms an integral part of this SAF and undertake to comply with them, and acknowledge that programme/ channel, plans selected and applicable rates thereio form part of the agreement and agree to be bound by the same and hereby declare and confirm that the information contained in this form is true and accurate in every respect.

Date _____ Customer's Signature _____

TO BE FILLED IN BY SERVICE PARTNER / LCO

LCO ID _____ Customer Service Rep Name _____

LCO Name _____ Customer Service Rep ID _____

LCO Stamp & Signature _____ CSR Sign _____

FOR BCN OFFICE USE ONLY **STB DETAILS**

Customer ID _____

Customer ID (New) (SMS) _____

STB Type HD SD MPEG-4 SD MPEG-2 MAKE & MODEL _____

Viewing Card Number (If any) _____

Authorised Signatory _____