CUSTOMER APPLICATION FORM

24X7 CALL CENTER NO. 08713221333

CAF NO :

5750



SRI SAI GANESH MEDIA DIGITAL NETWORK (SSGMDN) H. No. 6-152, Near Urvasi Theater, Main Road, Brupalpally. - 506169, Jayashankar Bhupalpally. Cell : 9505990044

OFFICE COPY

							your ans
1.Type of Custor	mer INDIVIDUAL	CORPORATE	HOSPITAL/HOTE	OTHER			
Applicant's No (Please Attach or	me MR./MRS./MS ne PP Size Photo)	First Name		Middle Name		Surname	
3. Date of Birth						Sandino	
4. Installation Add	dress						
City	Pin C	ode		State			
5. Tel (Home)				6. Tel(Off)			
7. Mobile	STD Code		8. Email		STD Code		
P. Photo ID Proof	Given DRIVER'S LICENS	E PASSPORT	VOTERS ID	PAN CARD	Aadhar OTH	ER .	
10. Residential ID If address different b		ILL GAS BIL	RATION CA	RD Aadhar	OTHER		
1. Number of Me	embers in the Family			12. Number of cl	nildrens		-
13. Languages Sp	ooken at Home		**************************************				
6. Internet Conn	ection at Home YES	NO ne	17. If Yes, Then N	ame of Service Provi	NAME OF TAXABLE PARTY.	AF FOR MORE THAN ONE CON	NNECTI
9. PACKAGE SELE	CTED (Please See An	nexure-1)	20. 8	SSGMDN BY CHOICE (A-La-Carte) (Please See A	Annexure-2)	
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200							_
1 Subscription C	`harae	46.7	22 Pay	rment Terms MONT	LIV OHADTEDIV	T HAVE VEXIBLE V	
3. Preferred Time	of Contact 7-9 am	9-11 am	11-1 pm 1	ment Terms MONT		HALF-YEARRLY ANNUAL	r 🗀
21. Subscription C 23. Preferred Time 24. Set Tap Box Sc 25. Payment Mode(In Rs)	of Contact 7-9 am heme RENTED C	OWNED OTH	11-1 pm 1			9 pm,	
3. Preferred Time 4. Set Tap Box Sc 5. Payment	of Contact 7-9 am heme RENTED C	OWNED OTH	11-1 pm 1		5-7 pm 7	9 pm,	
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