



# CUSTOMER APPLICATION FORM BRAMBHANI TRADERS (BRT DIGITAL)

Serial No.: **X**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name : \_\_\_\_\_

Flat/Door No: \_\_\_\_\_ Building: \_\_\_\_\_ Street/Road Name: \_\_\_\_\_

Area: \_\_\_\_\_ Landmark: \_\_\_\_\_ City: \_\_\_\_\_ Pincode: \_\_\_\_\_

Residence Land line: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**ID Proof**     any one:     Aadhaar Card     Passport     Voter ID     Driving Licence     Pan Card

**Address Proof**  any one:     Elec./MGL Bill     Tel.Bill     Bank Statement     Ration Card     Lease Agreement/Society Letter

**Please tick Category Subscriber**     Individual     Institution     Hotel     Co-Op-Hsg. Soc.     Office     Others, Specify: \_\_\_\_\_

**Payment Details**     Cash     Cheque No: \_\_\_\_\_ Bank: \_\_\_\_\_ Dated: \_\_\_\_\_ Rs. \_\_\_\_\_

**SD SET BOX HARDWARE SCHEMES** (Same option has to be used for all STB's at given address)    *36 PDC of STB Rent to given in Advance*    (Please tick selected option)

Sr.No.	Particulars	Standard Tariff Package (Taxes extra as applicable)			
		<input type="checkbox"/> Option - 1	<input type="checkbox"/> Option - 2	<input type="checkbox"/> Option - 3	<input type="checkbox"/> Option - 4
1.	Rent p.m. per Set Top Box for First 3 years (excl. taxes)				
2.	Security Deposit (Refundable after 3 years)				
3.	Deduction from Refundable Security Deposit				
4.	Installation Charges (one time)				
5.	Activation Charges (one time)				
5.	Smart Card   Viewing Card Charges				
6.	Repair & Maintenance Cost				

**SPECIAL STB SCHEME**

Sr.No.	STB SCHEMES	Alternate Tariff Package (Taxes extra as applicable)	
		<input type="checkbox"/> Option - 1 SD - STB	<input type="checkbox"/> Option - 2 HD - STB
1.	One Time Connection and Digital Usage for STB		
2.	Outright Sale for STB)		
3.	Warranty (for all options from date of activation / issue)		
4.	Optional Annual Maintenance Charges (AMC)		
5.	Installation Charges (one time)		
6.	Activation Charges (one time)		
7.	Repair & Maintenance Cost		

<p><b>CAN No.:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p><b>STB No.:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p><b>Smart Card No.:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p><input type="checkbox"/> TV Set 1    <input type="checkbox"/> Additional - TV Set 2    <input type="checkbox"/> Additional - TV Set 3</p>	<p style="text-align: center;"><b>Local Cable Operator   Franchisee Details</b></p> <p>LCO   FR Name: _____</p> <p>LCO   FR Code: _____</p> <p>Telephone No: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____ Pincode: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
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Distributor Code: \_\_\_\_\_    Distributor Name: \_\_\_\_\_

I / We agree to abide by the provisions of The Cable Television Network (Regulation) Act, 1995 and as also amendments as may be made from time to time to these rules in so far as they relate to the Services. I hereby declare and confirm that above information provided by me is totally correct and true in every respect and to best of my knowledge.

Place: \_\_\_\_\_    Date: \_\_\_\_\_    Signature of the Subscriber: \_\_\_\_\_    Signature of Cable Operator: \_\_\_\_\_