

CUSTOMER APPLICATION FORM
MALNAD INFOTECH .PVT .LTD.



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.					
2.					
3.					
4.					
5.					
5.					
6.					

SPECIAL STB SCHEME		Alternate Tariff Package (Taxes extra as applicable)			
Sr.No.	STB SCHEMES	<input type="checkbox"/> Option - 1	<input type="checkbox"/> Option - 2	<input type="checkbox"/> Option - 3	<input type="checkbox"/> Option - 4
		SD - STB	HD - STB	HYBRID HD - STB	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

CAN No.:

STB No.:

For Multi TV Subscription please fill additional multi TV Customer Application Form - (CAF)

Local Cable Operator | Franchisee Details

LCO | FR Name: _____

LCO | FR Code: _____

Telephone No: _____

Address: _____

City: _____ Pincode:

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: _____