CUSTOMER APPLICATION FORM

Video & Voice Over Broad Band Service

Please fill the Form in CAPITAL LETTERS in black ink only.

BSNL connection on which BB is working & VVoBB is required

Mobile No. :

(A) Subscriber Profile :

Subscriber Name

Gender : Male Female

(B) Installation Address :

City

State Pin code

(C) E-mail ID :

Email :

(D) Select VVoBB Plan :

Please note: Subscription to one Package is compulsory. Prices of the Packages are subject to change.

a) Select the CPE for VVoBB calling :

i. Soft Phone on PC/ laptop ii. Separate SIP device

b) Select the Plan for VVoBB Service :

For more details Please visit our website http://www.bsnlsis.com/

i. Basic Plan ii. VVOBB PLAN I iii. VVOBB PLAN II iv. VVOBB PLAN III

Please Sign these Subscription Terms & Conditions :

This Subscription Terms & Conditions (which includes this Subscription Form, the Terms and Conditions and the Work Order) is made between **BSNL** and Subscriber, the subscriber whose name appears above on this page and who is bound to the Subscription Terms & Conditions by the signature, which appears below: We will provide subscriber with the service subject to the conditions of this Subscription Terms & Conditions.

c) Mode of procuring SIP device

i. Through BSNL on outright purchase basis ii. Through BSNL on monthly installment basis* iii. Through third party

In options (i) and (ii) above, purchase price/ installment shall be collected through regular BSNL landline bills. However, SIP devices shall be provided to customer by franchisee M/s Sai Infosystem (I) Limited through back-to-back arrangement with BSNL

SIP device Model _____ * **for Government Institutions and PSUs only**

(d) Currently, I have the following Modem Type :

Modem Type B**1** Modem Type B**2** Modem Type W1 Modem Type W2 Type WT

(Declaration of subscriber who have Modem Type-B1 or W1 : - I am aware that Modem with two or more Ethernet ports is required for VVOBB service. I give consent for replacing my Modem Type B1/ W1 with following type of Modem and agree to pay the amount as applicable by BSNL norms.)

Modem Type B2 Modem Type W2

(e) I confirm that I have read and understood all conditions provided overleaf and I agree to abide by them.

Signature _____ Place : _____ Date ___/___/20___

[The Subscription terms & conditions must be signed only by the subscriber]

(f) In case the transaction is through a Franchisee : (For Office Use Only)

Name of Franchisee M/s SaiInfoSystem (India) Ltd.	Franchisee Code and Stamp SIS/VVOBB	I / We hereby confirm that this form was signed by subscriber in my / our presence and I/We physically seen and verified the document(s)/ Address proof.
	Signature	

Received Booking for BSNL VVOBB Connection for Plan _____

BSNL Subscriber ID (CA number as printed in the bill)

Mac Address of SIP Device: Sr No

Date: _____ (Signature of BSNL Official) _____

Please call 1504 or 18002330999 in case of any difficulty / queries.