

Subscriber Registration Form- New

Guidelines

Introduction to New Subscriber Registration Form

- We are introducing a New Subscriber Registration Form
- Highlights of the new form :
 - Single Page , with tear away receipt for customer acknowledgement
 - Covers both Home Broadband and Corporate –Internet Leased Line products
 - For Home Broadband – Covers last mile delivery type
 - Ethernet
 - EoC
 - PON
 - Easy to Manage

SRF- Sections

SUBSCRIBER REGISTRATION FORM - BROADBAND | INTERNET SERVICES

Serial No. **Pre printed number**

Photo

Subscriber Information - Individual

Name of Subscriber: Mr/Ms/Ms/Ms
 Installation & Billing Address
 City: _____ State: _____ Pincode: [][][][][][]
 Date of Birth: _____ Nationality: Indian Others (Please specify)
 Mobile No.: _____ Email ID: _____
 Alternate Contact No.: _____ Yes _____ No _____ Blood Group: _____
 Cable/DTH provider: _____ No. of TV Connections at Home: _____
 ITN Number if in Cable/DTH Digital
 Proof of Identity* (any one):
 Aadhaar Card PAN Card Passport Voter ID Photo ID issued by Central Government
 Driving License Airtel License Photo Credit Card Other
 Proof of Address* (any one):
 Aadhaar Card Passport Voter ID Card Lease Agreement Form 16/Income Tax assessment order
 Driving License Utility Bills (maxed two months) (Electricity/Tax/Telephone)
 *Subject to review as per Govt./State & Central notifications on the KTC of customer

Subscriber Information - Non-Individual

Name of Organization
 Installation Address
 City: _____ State: _____ Pincode: [][][][][][]
 Name of Installation Contact Person
 Mobile No.: _____ Email ID: _____
 Alternate Contact No.: _____ Yes _____ No _____
 Billing Address
 City: _____ State: _____ Pincode: [][][][][][]
 Name of Billing Contact Person
 Mobile No.: _____ Email ID: _____
 Alternate Contact No.: _____ Yes _____ No _____
 Proof of Identity* (any one):
 PAN Allotment Certificate Certificate of Incorporation Shop & Est. Act Registration Certificate
 Tax Account Number Certificate Sales & Service Tax Registration Certificate
 Proof of Address* (any one):
 Lease Agreement Form 16/Income Tax assess. order Utility Bills (maxed two months) (Electricity/Tax/Telephone)
 *Subject to review as per Govt./State & Central notifications on the KTC of customer

ISP/OSP Declaration

Are you an ISP/OSP? Yes, Please mention License / Registration Number (Please provide copy of ISP/OSP License) No

Service Information

Product/Service: Home Broadband Internet Leased Line
 Plan Name: _____ Add-on: _____ (VPL, Talk, etc)
 Delivery Type: Ethernet Ethernet over Cable (EOC) PON
 Consumer Category: Home SOHO Enterprise Others _____

Payment Details

Requested Amount Rs. _____ In words Rs. _____ for payment towards
 Payment Made: Cheque Demand Draft/DD Cash
 Bank: _____ Branch: _____
 City: _____ Cheque/DD No. _____ Date: _____
 Direct: Sales Executive ID _____ Franchise: Franchise Name _____
 Sales Executive Name _____ Mobile No. _____ Signature _____
 *Payment made with Cheque / DD / PO should be shown in favor of "Hsnat IT-Shop Holdings India Limited"

Customer Declaration
 I/we hereby (I) confirm that the information provided above is true & correct (I) declare that I/we have read and understood the terms and conditions mentioned in the form/contract and agree to abide by the same, (II) agree to abide by the regular or provisions in force and any amendments thereto so far as they relate to the services provided hereon.
 Subscriber Signature & Stamp** _____ Date _____ Place _____
 **For non-Individuals, if available

Receipt (For New Subscriptions) - Subscriber Copy

Serial No. _____
 Requested Amount Rs. _____ In words Rs. _____ for payment towards
 Payment Made: Cheque Demand Draft/DD Cash
 Bank: _____ Branch: _____
 City: _____ Cheque/DD No. _____ Date: _____
 Direct: Sales Executive ID _____ Franchise: Franchise Name _____
 Sales Executive Name _____ Mobile No. _____ Signature _____

Registered Office: Hsnat IT-Shop Holdings India Limited, 10 Dharma, 40/10 MIDC, 226 Road, Andheri (West), Mumbai - 400 058, Maharashtra, India



Subscriber Details - Home



Subscriber Details - Corporate



Product and Service information

ISP/OSP declaration



Payment & partner details



Acknowledgement for customer : Tear away



Subscriber Details – Home User

Paste subscriber picture and sign across

SUBSCRIBER REGISTRATION FORM - BROADBAND | INTERNET SERVICES

Serial No -



Subscriber Information - Individual	
Name of Subscriber: Mr/Mrs/Miss	RAM VERMA
Installation & Billing Address:	A-101, Laxmi Vilas, Ram Nagar, Kandivali,
City:	Mumbai State: Maharashtra Pincode: 400071
Date of Birth:	01/01/1980 Nationality: <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify)
Mobile No.:	9800000000 Email ID: ramverma@gmail.com
Alternate Contact No.:	9811100000 Fax: Blood Group: B +ve
Cable/DTH provider:	IN BROADBAND No. of TV Connections at Home: 1
STB Number if IN-Cable/IN-Digital:	123456789012
Proof of Identity* (any one):	<input checked="" type="checkbox"/> AADHAAR Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Photo ID issued by Central Government <input type="checkbox"/> Driving License <input type="checkbox"/> Arms License <input type="checkbox"/> Photo Credit Card <input type="checkbox"/> Other
Proof of Address* (any one):	<input checked="" type="checkbox"/> AADHAAR Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Form16/Income Tax assessment order <input type="checkbox"/> Driving License <input type="checkbox"/> Utility Bills (recent two months) (Electricity/Gas/Telephone)
*(Subject to review as per Govt.(State & Central) notifications on the KYC of customer)	

For a Home user taking ,the connection in his name, Billing address is same as installation address

Please affix a customer picture and sign across

For Proof Of Identity , try Aadhar card first

For POA, if Aadhar card address is not same as installation address, ask for other valid POA proof

Subscriber Details – Corporate (Internet Leased Line)

Subscriber Information - Non Individual							
Name of Organization:	Allied Machineries						
Installation Address:	1 st Floor , Arena Complex, MIDC, Road 35, Andheri (East)						
	City: <u>Mumbai</u> State: <u>Maharashtra</u> Pincode: <table border="1"><tr><td>4</td><td>0</td><td>0</td><td>0</td><td>7</td><td>1</td></tr></table>	4	0	0	0	7	1
4	0	0	0	7	1		
Name of Installation Contact Person:	Mr. Akshay Gupta						
	Mobile No.: <u>9800500000</u> Email ID: <u>Akshay.Gupta@allied.in</u>						
	Alternate Contact No.: _____ Fax: _____						
Billing Address:	1 st Floor , Pheonix mills, Parel,						
	City: <u>Mumbai</u> State: <u>Maharashtra</u> Pincode: <table border="1"><tr><td>4</td><td>0</td><td>0</td><td>0</td><td>1</td><td>3</td></tr></table>	4	0	0	0	1	3
4	0	0	0	1	3		
Name of Billing Contact Person:	Mr. Rama B						
	Mobile No.: <u>9800600000</u> Email ID: <u>Rama.B@allied.in</u>						
	Alternate Contact No.: _____ Fax: _____						
Proof of Identity* (any one):	<input checked="" type="checkbox"/> PAN Allotment Certificate <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Shop & Est. Act Registration Certificate <input type="checkbox"/> Tax Account Number Certificate <input type="checkbox"/> Sales & Service Tax Registration Certificate						
Proof of Address* (any one):	<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Form16/Income Tax assess. order <input checked="" type="checkbox"/> Utility Bills (recent two months)(Electricity/Gas/Telephone)						
*(Subject to review as per Govt.(State & Central) notifications on the KYC of customer							

For a Corporate connection, the installation address, contact and billing address , contact may be different, which is provided in this section. POI and POA are different for Corporate. Also in addition to SRF, we will need Purchase Order issued by Corporate on his letterhead

Product and Service Information

ISP/OSP Declaration	
Are you an ISP/OSP?	<input type="checkbox"/> YES if Yes, Please mention License / Registration Number (Please provide copy of ISP/OSP License) <input type="checkbox"/> NO
Service Information	
Product/Service:	<input checked="" type="checkbox"/> Home Broadband <input type="checkbox"/> Internet Leased Line
Plan Name:	12 Mbps ULTD Monthly Add-ons Static Ips – 1 nos (VAS, Static Ips)
Delivery Type:	<input type="checkbox"/> Ethernet <input checked="" type="checkbox"/> Ethernet over Cable (EOC) <input type="checkbox"/> PON
Consumer Category:	<input checked="" type="checkbox"/> Home <input type="checkbox"/> SOHO <input type="checkbox"/> Enterprise <input type="checkbox"/> Others

For Home Broadband Connection,

Product /Service : Home Broadband

Plan Name : “Enter Plan name”

Add-Ons: Any optional additional items like Static IP, need to be captured : “Static IP – ‘x’ nos.”

Delivery Type: Please Select Appropriate Last Mile based on delivery

Consumer Category: HOME

Product and Service Information

ISP/OSP Declaration	
Are you an ISP/OSP?	<input type="checkbox"/> YES if Yes, Please mention License / Registration Number (Please provide copy of ISP/OSP License) <input type="checkbox"/> NO
Service Information	
Product/Service:	<input type="checkbox"/> Home Broadband <input checked="" type="checkbox"/> Internet Leased Line
Plan Name:	10 Mbps Quarterly Add-ons Static Ips – 5 nos (VAS, Static Ips)
Delivery Type:	<input checked="" type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet over Cable (EOC) <input type="checkbox"/> PON
Consumer Category:	<input type="checkbox"/> Home <input type="checkbox"/> SOHO <input checked="" type="checkbox"/> Enterprise <input type="checkbox"/> Others

For Corporate Internet Leased Line Connection,

Product /Service : Internet Leased Line

Plan Name : “Enter Plan name” for e.g 1 Mbps , 2 Mbps. Please note enterprise plans are Dedicated Speeds, without contention (1:1) and Symmetric (Upload=Download)

Add-Ons: Any optional additional items like Static IP, need to be captured : “Static IP – ‘x’ nos.”

Delivery Type: Please Select Appropriate Last Mile based on delivery

Consumer Category: HOME

Product and Service Information

ISP/OSP Declaration	
Are you an ISP/OSP?	<input checked="" type="checkbox"/> YES if Yes, Please mention License / Registration Number (Please provide copy of ISP/OSP License) <input type="checkbox"/> NO
Service Information	
Product/Service:	<input type="checkbox"/> Home Broadband <input type="checkbox"/> Internet Leased Line
Plan Name:	_____ Add-ons _____ (VAS, Static Ips)
Delivery Type:	<input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet over Cable (EOC) <input type="checkbox"/> PON
Consumer Category:	<input type="checkbox"/> Home <input type="checkbox"/> SOHO <input type="checkbox"/> Enterprise <input type="checkbox"/> Others _____

For Enterprise Teams ,If Customer is an ISP or a Call center (BPO/KPO) taking an Internet Leased Line from us, we have to take note of the same and take a copy of the ISP/OSP license along with other KYC documents

Payment Details - Cash

Payment Details	
Received Amount Rs <u>4300</u>	, In words Rs <u>Four Thousand Three hundred only</u>
Payment Mode:	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft/PO <input checked="" type="checkbox"/> Cash
Bank: _____	Branch: _____
City: _____	Cheque/DD No: _____ Date: _____
<input checked="" type="checkbox"/> Direct : Sales Executive ID <u>127</u>	<input type="checkbox"/> Franchise: Franchisee Name: _____
Sales Executive Name: <u>Ramchandra Vaidya</u>	Mobile No.: <u>9800700000</u> Signature: <u>Ramav</u>
*Payment made vide Cheque / DD / PO should be drawn in favor of "Planet E-Shop Holdings India Limited"	

Customer Declaration

I/we hereby (1) confirm that the information provided above is true in every respect, (2) declare that I/We have read and understood the terms and conditions mentioned in the form overleaf and agree to abide by the same, (3) agree to abide by the regulatory provisions in force and any amendments therein so far as they relate to the service subscribed herewith

Subscriber Signature & Stamp** Akshay Date: 2 may 2017 Place: Mumbai

**for non-individual customer, if available

Payment Details:

Received Amount : Equal to plan charges plus taxes in numbers and words

Payment Mode : Cash

Direct/Franchise: Please select appropriately

Sales Executive Details: Please fill details and sign

Declaration : Take Customer declaration & Sign

Payment Details – Cheque/DD

Payment Details	
Received Amount Rs <u>4300</u>	, In words Rs <u>Four Thousand Three hundred only</u>
Payment Mode:	<input checked="" type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft/PO <input type="checkbox"/> Cash
Bank:	<u>Bank of Baroda</u> Branch: <u>Andheri</u>
City:	<u>Mumbai</u> Cheque/DD No: <u>012345</u> Date: <u>2 May 2016</u>
<input checked="" type="checkbox"/> Direct :	Sales Executive ID <u>127</u> <input type="checkbox"/> Franchise: Franchisee Name: _____
Sales Executive Name:	<u>Ramchandra Vaidya</u> Mobile No.: <u>9800700000</u> Signature: <u>Ramav</u>
*Payment made vide Cheque / DD / PO should be drawn in favor of "Planet E-Shop Holdings India Limited"	

Customer Declaration

I/we hereby (1) confirm that the information provided above is true in every respect, (2) declare that I/We have read and understood the terms and conditions mentioned in the form overleaf and agree to abide by the same, (3) agree to abide by the regulatory provisions in force and any amendments therein so far as they relate to the service subscribed herewith

Subscriber Signature & Stamp** Akshay Date: 2 may 2017 Place: Mumbai

**for non-individual customer, if available

Payment Details:

Received Amount : Equal to plan charges plus taxes in numbers and words

Payment Mode : Cheque, please fill up Bank ,Branch, city ,cheque number and date. Please take current dated cheque

Direct/Franchise: Please select appropriately

Sales Executive Details: Please fill details and sign

Declaration : Take Customer declaration & Sign

Receipt– Tear Away



Receipt (For New Subscriptions) - Subscriber Copy	
Serial No.:	
Received Amount Rs <u>4300</u> , In words Rs <u>Four Thousand Three hundred only</u> for payment towards <u>Internet</u>	
Payment Mode:	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft/PO <input checked="" type="checkbox"/> Cash
Bank: _____	Branch: _____
City: _____	Cheque/DD No: _____ Date: _____
<input checked="" type="checkbox"/> Direct : Sales Executive ID <u>127</u>	<input type="checkbox"/> Franchise: Franchisee Name: _____
Sales Executive Name: <u>Ramchandra Vaidya</u>	Mobile No.: <u>9800700000</u> Signature: <u>RAMAV</u>

Registered Office: Planet E-Shop Holdings India Limited, IN Centre, 49/50 MIDC, 12th Road, Andheri (East), Mumbai - 400 093, Maharashtra, India
 CIN U7411MH2000PLC129434 | Customer Care - 1800 2100 800 | email - care@in2cable.com

Receipt Details:

Serial number : Will be pre-printed and match the SRF number

Received Amount : Equal to plan charges plus taxes in numbers and words

Payment Mode : Cash

Direct/Franchise: Please select appropriately

Sales Executive Details: Please fill details and sign

Handover the slip to customer without fail

