

CAF No. _____

Deepanshu Cable Network

Office Address:- House no. 691, Udyan Panna, VPO-Khanjawala, Delhi 110081

DAS Registration. No. N-45009119/2022-DAS GSTIN _____ Contact No. 9213121202

1. CUSTOMER INFORMATION

Applicant's Name Mr. /Ms. /M/s _____ Age _____

Contact Person's Name (for Company Subscription only) _____

Installation Address: Flat No. /Bldg. No. _____

Bldg. Name / Society Name:- _____

Street Name & Locality :- _____

City _____ **Delhi** _____ Pin Code _____

City _____ Pin Code _____ Contact No _____

Aadhar No. :- _____ (optional) Email ID:- _____

2. CPE related information

<<Kindly Insert the CPE Scheme as Opted by the Customer>>

Set Top Box No. _____ Smart Card No _____

3. Subscriber Declaration

I haveread and understood the terms and conditions provided herewith and acknowledge that the tariff plan selected by me and the applicable rates together constitute the entire terms and conditions and I shall be bound by the same. I hereby declare and confirm that I have received the above hardware and the information contained herein is true and accurate in every respect. I also acknowledge the channel package subscription plan selected by me and rates applicable for the same.

Date _____

Signature of Subscriber

Signature of LocalCable Operator (LCO)

ACKNOWLEDGEMENT

CAF No. _____

Received with thanks from Mr./Ms./M/s. _____ Cash Rs _____

Online Payment Reference Number _____ / Demand Draft Details _____

Towards Hardware/Activationand Channel Package charges as per scheme.

Date _____

LCO Email ID _____

LCO Mobile No _____

LCO Stamp & Signature _____

4. Total Amount Payable

Amount payable for Set Top Box (Item no.	Total STB Hardware	Rs. _____
Amount payable for Channel Packages (Item no.	Total Selected Channels (A + B)	Rs. _____
		Rs. _____
	Total Amount Payable	Rs. _____

5. Payment Details

* subject to realisation

Mode of Payment (DD/Cash/ Online)	Bank & Branch	Amount (Rs.)

Instructions

1. The applicant's name& address must be given in full. 2. In case of non-individual applicants, i.e. Companies, Pvt. Firms, Institutes etc. please also provide the name of the contact person 3. Submission of this form indicates that this choice selection supersedes all previous choices made. Incomplete forms will be returned and without any action. 4. The CAF Number will be a system generated number. 5. This is not an invoice. The invoice will be provided to subscriber later after the bill cycle completion 6. Subscription will start from the date of activation of STB.

FOR OFFICE USE ONLY

CAF No. _____

Account No. _____	
Operations:	User ID _____ LCO Code _____ Date of Receipt _____
	Telephone Verification done by _____ on _____ Telephone no. _____
Accounts:	User ID _____ Lot No. _____ Batch No. _____ Bank A/c. _____
Verification details provided: Ration Card/ Voter ID Card / Passport _____	
Verified by:	_____
Remarks:	_____