

Subscriber Application Form

SAF No. :
Date :
Customer ID :



ANI Data Services (OPC) Pvt. Ltd.

SUBSCRIBER DETAILS

USE SEPARATE SAF FOR MORE THAN ONE CONNECTION

1. Applicant's Name:
First Name Middle Name Last Name

2. Installation Address:
City/ Town: District:
State: Pin Code: Phone.:
Mobile No.: Email:

3. Type of Subscriber: Individual Institution Hotel/ Hospital Co-op.Hsg. Soc. Office Others Specify _____

4. Address Proof: (Attested Copy) Passport Voter ID Card Driving License AADHAR CARD Telephone Bill (MTNL/BSNL)
 Electricity Bill Others Specify _____

5a. STB Type SD HD SMART 5b. STB Type HD MPEG4

6. ID Proof: (Attested Copy) PAN CARD AADHAR CARD

7a. Any Special Assistance Required YES NO 7b. Payment Mode Prepaid

8. STB & VC Details:
STB No.: VC No.:
Set Top Box Details: Owned Rented Others _____

STB Payment Details

Billing Cycle 30 Days

9. (a) Bouquet Opted: To be retrieved from WEB-site (b) A-la-Carte Channel(s) Opted: To be retrieved from WEB-site
9. (c) Guarantee/Warranty/ AMC Details: To be retrieved from WEB-site

10. Initial Payment Details: STB Price Rs. STB Rent, Rs. STB Security Deposit Rs.
Activation Charges Rs. Installation Charges Rs. Network Capacity Fee Rs.
Subscription Fee Rs. Total Amount paid (Incl.of all taxes)Rs. Payment Mode Cash *Cheque D.D.
If payment made through Cheque / D.D. No. * Cheque subject to realization
Drawn on Bank Details Name & Branch Dated

11. Subscriber's Declaration:

I have read, understood & accepted the terms & conditions mentioned overleaf/attached covering subscription and Set Top Box Agreement which forms an integral part of this SAF and undertake to comply with them, and acknowledge that programme/ channel, plans selected and applicable rates thereto form part of the agreement and agree to be bound by the same and hereby declare and confirm that the information contained in this form is true and accurate in every respect.

Subscriber's Signature: _____

12. CUSTOMER CARE SERVICES

E-mail : care@anoplay.com
Website : www.anidataservices.com
Toll Free : 1800-31-32-500

13. Cable Operator's Details:

Name:
Address:
Contact No.:

Code:

Cable Operator's Signature _____

Acknowledgment:

Received with thanks from Mr./Ms./M/s. _____ Subscriber Application Form along with Rs. _____ towards STB* amount.

*For Details, Please refer Annexure II