

## Sri Sai Cable and Broadband Pvt. Ltd

Application No. :
Date :
Unit/Branch:

SUBSCRIBER REQUEST FORM				
SUBSCRIBER DETAILS				
Subscriber Name: Mr. Ms. M/S				
Address:				
DI				
Phone : STB / VC No:				
Network Name :				
Network Name:				
Client ID:				
Customer Type: Residential Commercial				
ADDITIONAL DETAILS (to be filled where necessary)				
Request for Disconnection				
Disconnection Date:				
Reasons for Disconnestion Service Issue Migration to other Service Provider (DTH / MSO/ HITS/ IPTV) Shifting to another area Other (Please Specify)				
Request for Reconnection/Transfer for Shifting				
Reconnection Date:				
Installation Address:				
Reconnection Charges (if any): Rs.				
* Installation address should be mentioned in case of relocation / shifting of premises in which the services are requested to be availed by the subscriber along with document of a copy of the new address proof"				
TERMS & CONDITIONS				
<ol> <li>The subscriber making request for reconnection shall give at least fifteen days prior notice to SSCBPL or linked local cable operator</li> <li>In case of disconnection of services, the subscriber shall return the STB belong with its card, remote and adapter without any objection and in goodworking condition. In case of Failure to return the same in good condition. SSCBPL shall recover the cost of the STB, remote and adapter from the subscriber, along with the balance dues, if any.</li> </ol>				
DECLARATION BY SUBSCRIBER				
1. I/ We have fully read and understood the terms and conditions set here In above and I/ We agree to be bound by the				

- same.
- 2. I/ We Further agree and declare that this Request form shall also be the additional basis of contract with SSCBPL.
- 3. I/ We agree to make payment to service Provider / It's Representative for any charges in corrected for the execution of requested.
- 4. The Subscriber represents warrants and under takes to SSCBPL that.
  - a). I / WE am/are competent under law to execute the Subscriber Request form.
  - b). I/ We shall fully Accept with applicable laws.

Subscriber's Signature:	Date :	
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