



CUSTOMER APPLICATION FORM (CAF)
(For One Set Top Box Only)

OFFICE COPY

Registration No. : CAF NO.:
(Write System Generated No. after Activation)

Customer ID Date (DD/MM/YY) : [][] [][] [][][][]

USE CAPITAL LETTER ONLY

1. CUSTOMER INFORMATION (First Name / Middle Name / Surname)

Applicant's Name: Mr./Mrs.



2. INSTALLATION ADDRESS

Flat / Plot No.: Building / Society Name:

Area / Location: Street Name:

City: Pin Code:

Tel.No.: Mobile No.: Email ID:

3. BILLING ADDRESS (If other than installation address)

Flat / Plot No.: Building / Society Name:

Area / Location: City: Pin Code:

4. HARDWARE PACKAGE (Detailed STB Schemes, as per www.ucnindia.com) (Please tick selected option)

SN	Hardware Scheme	Amount (Inclusive of Taxes)	Security Deposit	Rental Per Month	Onetime Activation + Taxes	Onetime Installation + Taxes
1.	<input type="checkbox"/> Outright Purchase SD	₹ 1200/-	-	-	₹ 100/-	₹ 350/-
2.	<input type="checkbox"/> Outright Purchase HD	₹ 1500/-	-	-	₹ 100/-	₹ 350/-
3.	<input type="checkbox"/> Rental SD	-	₹ 1000/-	₹ 75/-	₹ 100/-	₹ 350/-
4.	<input type="checkbox"/> Rental HD	-	₹ 1200/-	₹ 100/-	₹ 100/-	₹ 350/-

5. Bouquet Opted: To be retrieved from Website **A-la-Carte Opted :** To be retrieved from Website

6. PAYMENT DETAILS *subject to realisation

Cash	Cheque*/DD No.	Bank & Branch	Amount (Rs.)

7. Channels & package selection as per annexure

SUBSCRIBER DECLARATION

I have read 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.

Date: Signature of Subscriber:

LCO ID: LCO Name:

FOR OFFICE USE ONLY

Verification details provided: Ration Card Voter ID Card Passport LCO ID: Date of Receipt:
Driving Licence Telephone Bill Electricity Bill Aadhar Card CSR ID: CSR Name:

Type of Subscriber : Residential Commercial Hotel/Public Viewing

Rejection reasons: CSR Signature:

TV SET-1 Please Stick CAS ID / MAC ID sticker here	LCO Sign LCO Stamp
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Instructions : 1. The applicant's name & address must be given in full (P.O. Box No. alone is not sufficient) 2. In case of non-individual applicants, i.e. Companies, Pvt. Firms, Institutes etc. please provide the name of the contact person. 3. Cheques should be payable locally and crossed Account Payee only Please write your application form no. and name on the back of the cheque.

Date : Signature of Receiver

UCN Cable Network Pvt. Ltd. (MSO)

AN ISO 9001: 2015 CERTIFIED COMPANY
502, Milestone, 12, Ramdaspath, Nagpur - 440 010.

UCN Care Services : Email : care@ucnindia.com web : www.ucnindia.com Helpline : 08069033999 Tollfree No. : 1800 3131 099

