BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

CUSTOMER APPLICATION FORM

www.bsnl.co.in | Helpline 1800 180 1503

BSNL Connecting India Faster

CAF No.

Paste recent passport size photograph of applicant (Do not staple) Please sign across, sign should overlap on photo and form

Cross Signature

Kindly fill-up the form in BLOCK letters

Filling of all the details is mandatory. Please tick ( ) the appropriate box. In case any field is not applicable, the same should be written as NA

Type of Connection : ☐ Post Paid ☐ Pre Paid ☐ Data ☐ MNP Category : ☐ Urban ☐ Rural

Type of subscriber ☐ Individual ☐ Corporate ☐ Foreigner ☐ Outstation ☐ Bulk

Mobile no. alloted IMSI number

SIM number

Customer's Name Mr/Ms (As given in PoI attached with CAF)

Father's/ Husband's name

Date of Birth / Age D D M M Y Y Y Y / Yrs. Gender M F PAN/GIR no. [*Please fill form 60*/61* (whichever is applicable) given below in case you do not have PAN/GIR no.]

UID no. (Aadhar No.) Alternate Number Profession

Nationality Passport number (If FOREIGN NATIONAL) Date of Visa expiry D D M M Y Y Y Y

Visa Options ☐ Tourist Visa ☐ Work Permit Visa

Bill to be sent at ☐ Present/Local Address ☐ Office Address ☐ Email ID

Present/Local Address (As given in PoA document)

House No. Street Address / Village

Locality / Tehsil

City / District State/UT PIN

Permanent Address (To be filled in mandatorily by outstation customers, supporting PoA document mandatory) (If different from above)

House No. Street Address / Village

Locality / Tehsil

City / District State/UT PIN

Proof of Identity Details

Type of PoI Document No

Date of Issue Place of Issue

Issuing Authority

Proof of Address Details

Type of PoA Document No

Date of Issue Place of Issue

Issuing Authority

Multiple connections (Number of connections held in the name of the subscriber, operator wise) Existing BSNL Number

Tariff plan applied Value Added Services applied (if any)

Services / facilities required ☐ STD ☐ ISD ☐ National Roaming ☐ International Roaming ☐ Itemized Billing Other

Payment Details (To be filled in case of Post-paid Connection)

☐ Cash ☐ Cheque ☐ Credit Card ☐ Debit Card ☐ Auto Debit Bank a/c no

Bank Name Branch IFSC Code

MNP Port-in details

UPC Existing Operator's name Existing Product ☐ Postpaid ☐ Prepaid

Existing Mobile Number UPC generated date D D M M Y Y Y Y

Retailer Name

Local Reference (For National Outstation and Foreign National Customers)

Name Contact no. Time & Date of Call:

Address Calling Party's no. (to be filled by POS)

Customer Declaration

I/We hereby declare that information given above is true to the best of my knowledge. I/We will abide by the prevailing Telegraph Act/Rules framed there under and tariffs as amended from time to time. I/We am/are not a defaulter on account of non-payment of bills for any telecom services provided by any service provider. I/We have read and understood the terms and conditions for cellular services and accept them as binding on me/us. I/We have understood all rates, charges and related terms and conditions at which telecom services are provided by BSNL as applicable on this date and as amended from time to time. I/We confirm that the information / particulars supplied by me/us is correct in all respects. I/We declare that in case of roaming abroad my usage amount will not exceed the limit prescribed by FEMA regulation. I/We understand that the connection/ SIM is non-transferable. Any misuse of connection/SIM by me/us or any other person is illegal and liable for criminal action.

Customer

Signature of Customer with date

To be filled-in by PoS

I certify that (a) I have seen the subscriber who has signed the CAF in my presence and matched the photograph affixed on the CAF with the subscriber and verified his self attested copies of documents of POA and POI submitted with the CAF with the originals.(b) In case of outstation subscriber :- Certified that the local reference Mr/Ms _____ has been contacted telephonically before issuing SIM to the customer, as per particulars submitted by the applicant.

POS

Sign & Stamp (with Address)

POS Name

POS Code

Date:

Declaration by Franchisee / BSNL Staff

It is certified that I have checked the CAF as per the DOT guidelines and entered the subscriber details correctly in the BSNL Database

Franchisee / BSNL Staff

Name

Code:

Stamp:

Sign with Date

Declaration by BSNL employee activating the SIM

(a) Certified that all the documentary requirement has been completed and subscriber details have been entered in the database before activation of the SIM. (b) Certified that the local reference (in case of outstation subscriber) Mr/Ms _____ has been contacted telephonically. (c) Details of Add-on/Value Added facilities as requested by customer and Tariff plan(s) etc. activated on the SIM Card _____. (d) Initial activation done on date _____ . (e) Final activation done after tele-verification on date _____ .

Employee Name:

Designation:

BSNL

Sign with date

Form 60*/Form61*

Tick the box applicable to you

☐ Form 60* Form of declaration to be filled by a person who does not have either a Permanent Account/General Index Register Number and who makes the payment in cash in respect of the transaction specified in clauses (a) to (h) of the rule 114B.

☐ Form 61*Form of declaration to be filled by a person who has agricultural income and is not in receipt of any other income chargeable to income tax, in respect of transaction, specified in clauses (a) to (h) of the rule 114B

1. Full name and address
2. Particulars of transaction
3. Amount of transaction
4. Are you assessed to tax ☐ Yes ☐ No
5. If yes, (i) Details of Ward/Circle/Range where the last return of income was filed
   (ii) Reasons for not having Permanent Account Number/General Index Register Number

Details of document being produced in support of address in column (1)

Submit 1. Identity proof 2. Address proof

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge.

Verified today, Date D D M M Y Y Y Y Place _____ Signature of applicant with date

Counterfoil to be given to Applicant www.bsnl.co.in | Helpline 1800 180 1503

CAF No. Name of the subscriber Mobile no. allotted

Proof of Identity Details

Type of PoI Document No

Date of Issue Place of Issue

Issuing Authority

Proof of Address Details

Type of PoA Document No

Date of Issue Place of Issue

Issuing Authority

Received with thanks an amount of Rs._____/- By Cash / Draft / Cheque No. _____

Dated _____ issued from _____Bank _____City.

Note : For activation, please dial **1507** using your new SIM in 1-2 days for Tele-verification.

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POS

Sign & Stamp (with Address)

POS Name

POS Code

Date: