

**FORM OF ADDITIONAL FACILITIES FOR  
CELLONE POST PAID CONNECTION**

Application Form No. \_\_\_\_\_

1. Name:

2. Company Name and Address:   
  
  
 PIN

3. Residential Address   
  
  
 PIN

4. Billing Address: Residential  Office

5. Services: a) STD / ISD    b) Roaming / National-International    c) Itemised billing  
d) GPRS/MMS (For rental plan see detailed document)

6. Tick for Cancellation of these services: a) STD / ISD     b) Itemised billing     c) GPRS/MMS

7. Tariff Plan Opted.- specify plan name. (See details in the brochure)

8. CUG / VPN services

9. Facility required. (Tick whichever is required)  
a) Call divret    b) Group messaging    c) Conferencing

10. Bank A/c \_\_\_\_\_ Vehicle Registration No. \_\_\_\_\_ Pan No. \_\_\_\_\_

11. Tel No.: Office     Resi:

12. Fax No.: Office     Resi:

13. Cellone No.:     E-mail:

For Automatic Roaming with Cellone, I want to subscribe to

- Roaming National
- Roaming International

If applying for Roaming International please complete the following:

Passport No.( Optional)\*:     Validity:

(\*Mandatory if International Roaming required)

