



**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)



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I/We have read and understood the terms and conditions for the roaming services and agree and undertake to pay all the charges applicable thereto including interest free security deposit and all other related tariffs/charges as applicable from time to time. I/We further undertake that I/We have read and understood the terms and conditions mentioned in Subscriber Enrolment form (SEF) as amended from time to time and accept them as binding on me and that the terms and conditions mentioned herein are in addition to the terms and conditions of SEF. I understand that it will be my sole responsibility to ensure that my usage amount while roaming abroad will not exceed the limit prescribed as per the FEMA regulation.

Time:

Date:..... FN/DS Code: ..... Subscriber Signature.....

You can pay by cash/cheque and if cheque, the same needs to be made in the name Bharat Sanchar Nigam Ltd. only.

Please ensure that all payments are cleared and no out standings are shown in your bill.

Please ensure you enter the same address as is available in our records.

Please note that Roaming shall be activated only after successful verification of the particulars

**For office use only**

I have verified the copies of the documents provided by the subscriber against the originals of the same and these copies are true to the best of my knowledge.

Date:

Name:

Signature:

Designation: