



BHARAT SANCHAR NIGAM LIMITED
(www.bsnl.co.in)
FORM FOR SHIFTING OF TELEPHONE CONNECTION

(Please read the instructions before filling the form)

Inter City / Intra City Shift
(please tick the option and strike off other)

1. **Telephone Number to be Shifted:**

2. Other Telephone No. working, if any:

3. Name of the Customer (in Capital Letters) SURNAME FIRST

4. Present Address where the telephone is working

House No _____ Street/ Road/ Village _____

Bldg./Appt. _____

Area/ Locality/ Tehsil _____

City/ District _____

Pin _____

5. Address where the telephone is to be shifted

House No _____ Street/ Road/ Village _____

Bldg./Appt. _____

Area/ Locality/ Tehsil _____

City/ District _____

Pin _____

6. Billing/ Correspondence Address (if different from 5 above)

7. E-mail address (if any)

8. Contact Tel. No.

9. Existing facilities working on the telephone

10. If the telephone shifting is not immediately feasible whether the telephone connection should continue to work at its present address

Yes No

11. If no, date on which telephone is required to be disconnected:

(Minimum 3 working days notice is required)

12. Whether internal wiring will be provided by you at new place:

Yes No

Signature of Customer/ Authorized Signatory

Signed on: Date