



# SKYWAVE CABLE COMMUNICATION PVT. LTD.

Sl. No. :

## CUSTOMER APPLICATION FORM

NAME OF SUBSCRIBER:

ADDRESS:

MOBILE NUMBER:

EMAIL ID:

STB ID:

VC ID:

ACCOUNT ID:

NAME OF LOCAL CABLE OPERATOR:

LIST OF ALA-CARTE CHANNELS TO SUBSCRIBE:

BOUQUET DETAILS TO SUBSCRIBE:

TOTAL COST (EXCLUDING TAX) – Rs.

Terms & Conditions:

- 1) The Subscriber shall fill up separate forms for each Set Top Box Separately.
- 2) Mobile Number should be appropriate in order to receive regular updates.
- 3) Please consult your Local Cable Operator for Channel/Bouquet tariffs.
- 4) You can also access the broadcaster websites for tariffs.
- 5) Please attach Valid ID Proof along with this form.
- 6) Payments to be made in Advance to avail Services.
- 7) Network Capacity Fee of Rs.130/- for initial 100 FTA Channels & thereafter additional Network Capacity Fees of Rs.20/- for every 25 Channels would be charged over & above the Charges towards Pay Broadcasters.
- 8) Kindly handover the CAF to your LCO duly filled & signed mentioning all relevant details.
- 9) All fields are mandatory.
- 10) Rest terms & conditions is available in our Manual of Practice which is available in our website : [www.skywavedigital.com](http://www.skywavedigital.com)

SIGNATURE OF SUBSCRIBER

SIGNATURE & STAMP OF OPERATOR