AURANGABAD SATELLITE CABLE SERVICE CENTRE

1800-345-3272 / 9153499991
info@ascsc.in
aurangabadsatellite@gmail.com
www.aurangabadsatellite.com

Subscriber Application Form

SAF No. :
Date :
Customer ID :

Subscriber Infomation: USE SEPARATE SAF FOR MORE THAN ONE CONNECTION:

1. Applicant's Name: First Name | Middle Name | Last Name
2. Installation Address:
City/ Town: District:
State: Pin Code: Phone.:
Mobile No.: Email:
3. Type of Subscriber: ☐ Individual ☐ Institution ☐ Hotel/ Hospital ☐ Co-op.Hsg. Soc. ☐ Office ☐ Others Specify _____
4. Address Proof: (Attested Copy) ☐ Passport ☐ Voter ID Card ☐ Driving License ☐ AADHAR CARD ☐ Telephone Bill (MTNL/BSNL) ☐ Electricity Bill ☐ Others Specify _____
5a. STB Type ☐ SD ☐ HD 5b. STB Type ☐ MPEG2 ☐ MPEG4
6. ID Proof: (Attested Copy) ☐ PAN CARD ☐ AADHAR CARD
7a. Any Special Assistance Required ☐ YES ☐ NO 7b. Payment Mode ☐ Prepaid
8. STB & VC Details:
STB No.: VC No.:
Set Top Box Details: ☐ Owned ☐ Rented ☐ Others _____

STB Payment Details:

Billing Cycle ☐ 30 Days

9. (a) Bouquet Opted : To be retrieved from WEB-site (b) A-la-Carte Channel(s) Opted : To be retrieved from WEB-site
9. (c) Guarantee/Warrantee/ AMC Details: To be retrieved from WEB-site
10. Initial Payment Details: STB Price Rs. STB Rent. Rs. STB Security Deposit Rs.
Activation Charges Rs. Installation Charges Rs. Network Capacity Fee Rs.
Subscription Fee Rs. Total Amount paid (Incl.of all taxes)Rs. Payment Mode ☐ Cash ☐ *Cheque ☐ D.D.
If payment made through Cheque / D.D. No. * Cheque subject to realization
Drawn on Bank Details (Name & Branch) Dated d d m m y y y y

11. **Subscriber's Declaration:**

I have read, understood & accepted the terms & conditions mentioned overleaf/attached covering subscription and Set Top Box Agreement which forms an integral part of this SAF and undertake to comply with them, and acknowledge that programme/ channel, plans selected and applicable rates thereto form part of the agreement and agree to be bound by the same and hereby declare and confirm that the information contained in this form is true and accurate in every respect.

Subscriber's Signature: _____

12. **ASCSC CARE SERVICE:**

E-mail : info@ascsc.in
Website : www.aurangabadsatellite.com
Toll Free : 1800-345-3272

13. **Cable operator's Details:**

Name:
Address:
Contact No.:

Code:

Cable Operator's Signature _____

Acknowledsgment:

Received with thanks from Mr./Ms./M/s. _____ Subscriber Application Form along with Rs._____ towards STB* amount.

*For Details, Please refer Annexure II

* Terms And Condition Application