

Subscriber Application Form

SAF No. :
Date :
Customer ID :



USE SEPARATE SAF FOR MORE THAN ONE CONNECTION

Subscriber Information

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 ☐ Office ☐ Other _____

4. Address Proof: ☐ Passport ☐ Voter ID Card ☐ Driving License ☐ AADHAR CARD ☐ Ration Card
☐ Telephone Bill(BSNL) ☐ Electricity Bill ☐ Other _____

5. STB Type: ☐ SD ☐ HD

6. Connection Type: ☐ Parent ☐ Child 7. Payment Mode: ☐ Prepaid ☐ Prepaid

If Child, Parent SAF No: Parent Account No:

8. STB & VC Details: STB No: VC No:
Set Top Box Details: ☐ Owned ☐ Rented ☐ Other _____

STB Payment Details
Payment Terms: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

9. (a) Bouquet Opted : As Per Annexure____attached herewith (b) Ala-Carte Channel(S) Opted : As Per Annexure____attached herewith.

10. Initial Payment Details : STB Price Rs. STB Rent Rs. STB Security Deposit Rs.
Activation Charges Rs. Activation Charges Rs. Installation Charges Rs.
Any Other Charges 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 Dated

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. Cable Operator's Details :

Name: Code:
Address:
Contact No: Cable Operator's Signature: _____

13. Sahoo Cable Network Contact Detail :

Contact Person's Name & Mobile No :

I. Sahoo Cable Network
Panisalia, Jagatsinghpur
Pin - 754103
Nodal Officer-
Satchida Nanda Sahoo
Contact - 9583138111

II.

SCN CARE SERVICES
E-mail : sahoocable@gmail.com
Website : www.sahoocable.com
Toll Free : 18001021528

Acknowledgment:

Received with thanks from Mr./Ms.M/S. _____ Subscriber Application Form Along
with Rs. _____ towards STB amount.

Date

Distributor/Cable Operator's Signature _____

FOR OFFICE USE ONLY :

Date of Receipt

Rejection Reasons _____

Entered By _____

Local Office Address

Audit

*Terms And Condition Applicable Only For D.A.S Area

DAS LICENCE NO-9/578/2015-DAS SERVICE TAX NO :- 21BRUP56454G1ZB
HEAD OFFICE - PANISALIAJAGATSINGHPUR, ODISHA-754103