SATLINKS

14/234(1),Kallipadam,Industrial park
Shoranur,Palakkad-679122

OFFICE COPY

YES DIGITAL

Bar

No. - T91266

CUSTOMER ACTIVATION FORM (CAF)

(Please fill information in CAPITAL Letters)

Title : Mr. ☐ Mrs. ☐ M/s. ☐ Others ☐

Name : First Name Middle Name Last Name

Date of Birth :

Gender : ☐ Male ☐ Female

Address:

City ..... District ..... State ..... PIN

Tel Home

Mobile Email .....

Select phone number to be registered in order to be recognised by *SATLINKS* : Tel number ☐ Home ☐ Mobile

Preferred Language ☐ English ☐ Hindi ☐ Tamil ☐ Malayalam

SATLINKS will attempt to serve in your preferred language

Please sign the customer Activation Contract below.

This Customer Activation Contract is made between *SATLINKS* CABLE TV NETWORK (*SATLINKS*) and the Customer (details mentioned in the Customer Activation form above). The customer Activation contract includes the Customer Activation form (by reference). Upon execution of the Customer Activation form, *SATLINKS* shall provide a Set Top Box ("STB") to the Customer, which will facilitate the Customer to get digital cable signal. The STB shall at all times remain the exclusive property of *SATLINKS*. The Customer would pay to one time STB activation and registration charges of Rs...../- (Rupees ....(exclusive of Service tax). The Customer shall use the Set Top Box as per the instructions stated in the STB manual. The Customer shall not use the STB for any illegal activities. The Customer shall use the STB for self use only at the address stated in the Customer Activation Form and shall not transfer the STB to any third party.

The details mentioned in the Customer Activation Form are true and correct to the best of my knowledge.

.....

Signature

Date :

[This Customer Activation Contract must be signed only by the Customer] [SATLINKS authorised representative may require the Customer to furnish copy of valid photo identification proof (Voter ID Card, Driving License, Photo Credit Card or Passport) at the time of installation].

FOR OFFICE USE ONLY

Customer Code : Customer Account ID :

Set Top Box No.

Documents Checked by : Card No.

Verified by : Account Created by :

Installation Team No : Installation Team Leaders Name :

Distributor Code : Distributor Name :

LCO Code : LCO Name : LCO Stamp

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