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SAF NO :
DATE :
CUSTOMER ID :
DAS License No :
Service Tax No :
Entertainment Tax :
No :

SUBSCRIBER APPLICATION FORM
(For One Set Top Box Only)

SUBSCRIBER INFORMATION (First Name/Middle Name/Surname)

1. Applicant's Name : _____
2. Installation Address : _____
Flat / Plot No. : _____ Building/ Soceity Name : _____
Area/Location: _____ Street Name: _____
City: _____ Pin Code: _____
Tel No: _____ Mobile No: _____ Email Id: _____
Date Of Birth: 11-02-1972 Gender : Male Female
Nationality : Indian Foreigner if foreigner Passport No. _____
3. Type of Subscriber: Individual Institution Hotel/Hospital Co-opHsg.Soc Officer Others Specify
4. Address Proof : Individual Voter ID Card Driving License Ration Card Telephone Bill(MTNL/BSNL)
Identity Proof(Attested Copy) : Electricity Bill Others Specify : _____
5. STB Type : SD HD MPEG-2 MPEG-4
6. Payment Mode : Prepaid Postpaid
7. Connection Type : New Existing if Existing v4 Customer ID : _____
8. STB & VC Details: STB NO: _____ VC NO: _____ CHIP ID: _____
9. STB details : Owned Rented Hire Purchase

STB PAYMENT DETAILS

10. Payment Terms : Monthly Quarterly Half-Yearly Annually STR Price : _____
STR Deposit Rs : _____ Activation Charges Rs : _____
Installation Rs : _____ Total(Inc.all Taxes) : _____
11. Mode Of Payment : Cash Cheque If Cheque(Bank Name) : _____ Cheque No : _____

SUBSCRIBERS DECLARATION

I Have read understood & accepted the terms & conditions mentioned overleaf/attached covering subscription and STB agreement which forms an integral part of this undertake to company with them and acknowledge the program/channel plans selected and applicable rates there to form of the agreement and agree to be bound by here by declare and confirm the information contained in this form is true and accurate in every respect.

Date : _____

Subscriber's Signature : _____