

Subscriber Application Form

SAF No. :
Date :
Customer ID :



Athulya Info Media PVT. LTD

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 ☐ Co-op.Hsg. Soc. ☐ Office ☐ Others Specify _____

4. Address Proof: (Attested Copy) ☐ Passport ☐ Voter ID Card ☐ Driving License ☐ Ration Card ☐ Telephone Bill (BSNL) ☐ Electricity Bill ☐ Others Specify _____

5. STB Type ☐ SD ☐ HD

USE SEPARATE SAF FOR MORE THAN ONE CONNECTION

6. Connection Type ☐ Parent ☐ Child
If Child, Parent SAF No. Parent Account No.

7. STB & VC Details: STB No.: VC No.:
Set Top Box Details: ☐ Owned ☐ Rented ☐ Hire Purchase ☐ Operating Lease (As per Annexure attached herewith)

STB Payment Details

Payment Terms ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually
8. (a) Bouquet Opted : As per Annexure attached herewith (b) Ala-Carte Channel(s) Opted : As per Annexure attached herewith.

9. Initial Payment Details: STB Price Rs. STB Rent. Rs. STB Hire Charges. Rs.
STB Security Deposit 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 d d m m y y y y y y
Name & Branch

10. 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.

Date: d d m m y y y y y y

Subscriber's Signature: _____

11. Cable Operator's Details:

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

12. Athulya Info Media PVT. LTD-Contact Details

Contact Persons Name & Mobile No.

I. II.

AIM DIGITAL SERVICES

E-mail : athulyaim@gmail.com
Cochin : 04842375012/5013
Toll Free : 18002125014

Acknowledgment:

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

Date d d m m y y y y y y

Distributor / Cable Operator's Signature _____

FOR OFFICE USE ONLY

Rejection Reasons

Date of Receipt d d m m y y y y y y

Entered By _____

Local Office Address

Audit

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

Ministry of I&B Approval 9/250/2015-DAS Dtd 27.04.2016
Service Tax No.AANCA0775A
Corp.Office : Athulya Info Media PVT. LTD, No : 41/110C
Ammankovil Road, Cochin 682035

