

Digital Cable TV Subscription Form

LCO Name : _____



Samsukh Complex, Khade Bazar, Belgaum - 590001.
Ph.: 0831-2405110/5116 | E-mail : info@metrocast.in | Web : www.metrocast.in

Serial No.

O

Office Copy

PLEASE FILL THE FORM IN ENGLISH

Subscription Name (Fill in Capital letters)

Last Name / उपनाम

First Name / प्रथम नाम

Middle Name / मध्य नाम

Installation Address / पता

Flat No./Bldg. No _____ Flr. _____ Bldg./Society _____

Street/Locality / रस्ता _____

Area _____ City / शहर _____ Pin Code _____

Mobile Landline

Email / ईमेल _____

Subscriber Category (Please tick within box as applicable)

Please Provide ID & Address Proof.

Individual ☐ Institution ☐ Hotel ☐ Cop. Hsg. Soc. ☐ Office ☐ Government Off. ☐

Set Top Box No.

Smart Card No.

(1)

(2)

Instruction

(1) The applicant's name & address must be given in full. (2) In Case of non-individual applicants, i.e. Companies. Pvt. Firms, institutes etc, please provide the name of the contact person (3) Cheques should be payable locally and crossed Account payee only. (4) Please draw the cheque in favor of "BHIMA RIDDHI DIGITAL SERVICE" (5) Submission of this form indicates this choice/ selection supercedes all previous choice made. incomplete forms will be returned and not acted upon. (6) The Subscription From No. is a system generated number. (7) This is not an invoice will be sent to you later.

Telephone : 0831-2405116

(Toll Free) 1800-42-59-800

email: helpdesk@brds.co.in

For Office Use Only

BASIC PACK ☐ SILVER PACK ☐ GOLD PACK ☐ PLATINIUM PACK ☐ PLATINIUM HD PACK ☐ PLATINIUM HD PLUS PACK ☐

Regional Pack A-LA-CARTE Ch. Selected Total Amt.

Sel.Channel Name (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____

Operation : LCO Code _____

date of Receipt ____/____/201

Verification Details : Ration Card ☐ Voter ID Card ☐ Passport ☐ Driving License ☐ Telephone Bill ☐ Electricity Bill ☐

Accounts : Cash ☐ Cheque ☐ Cheque No. _____ Bank A/c. _____

LCO's Sign. _____

Subscriber's Sign. _____