



TARIFF ENROLLMENT FORM – MBLAZE HSD ULTRA & WIFI

Customer Name:

(First Name)

(Middle Name)

(Last Name)

Customer Type: New Existing

(If existing, then Data Card No.): _____

CAF Form No.: _____ Data Card No.: _____ PAN No. _____

Select your plan/offer from list given below.

Tariff plans:

Plan Name	TP ID	Monthly Rental	Free Usage/Month	Post Free Usage	Select Plan
REVB-1399-20 GB DAY_20GB NIGHT-UNLIMITED	98989	1399	20 GB Day +20 GB Night* Unlimited	Fair Usage Policy Applicable - speed to be throttled down after bundled usage	
REVB-999-12 GB DAY_12GB NIGHT-UNLIMITED	98988	999	12 GB Day +12 GB Night* Unlimited		
REVB-750-7GB DAY_7GB NIGHT-UNLIMITED	99220	750	7 GB Day +7 GB Night* Unlimited		
REVB-599-5GB DAY_5GB NIGHT-UNLIMITED	99149	599	5 GB Day + 5 GB Night* Unlimited		
450_2.5D2.5N_UL_MTSI_1	99243	450	2.5 GB Day + 2.5 GB Night* Unlimited		

* Night from 00:00 Midnight to 08:00 am

Terms & conditions:

- Usage/Month refers to total data transfer (Upload +Download).
- Service tax extra as applicable for all Tariff Plans.
- This TEF is applicable only for DELHI (NCR) circle.
- Any request for Bill Plan change will be applicable from Next Bill cycle.
- Free Roaming only applicable in: Delhi, Gujarat, Karnataka, Kerala, Kolkata, Rajasthan, Tamil Nadu, UP (West), West Bengal locations.
- Chargeable Roaming-Fixed Rate @ 3 p/ 100 Kb in all other locations on all Plans .
- For more details visit www.mtsindia.in

E Bill SECTION

Email Id:-

(Same as mentioned in CAF)

E-Bill facility will be activated on your account by default. In case you want to receive physical bill then kindly register request for the same by calling our contact centre at 9136955955.

Form 60/61

Form of declaration by a person who does not have Permanent Account Number/has agricultural income and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of the rule 114B. 1. Full Name & Address of declarant _____
 2. Particulars of transaction _____
 3. Amount of transaction _____ 4. Are you assessed to tax? Yes/No 5. If Yes (i) Details of ward/circle/Range where last return of income was filed _____
 (ii) Reason for declarations that my source of income is from agriculture and I am not required to pay any IT from any other income, If any. Verification: I _____, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____ 20____

Customer Declaration

I have read & understood the Terms & Conditions above & agree to be bound by the same. Please allot the tariff plan & activate the services that I have selected.

Signature _____

Date: _____