MAHANAGAR TELEPHONE NIGAM LTD.
NEW DELHI
Application Form for LOCAL CENTREX facility Brand Name COSMOS
***(Provision / Recovery)**

To

The General Manager( )

Kindly * provide / recover Centrex Facility
1). Main telephone number of the subscriber requesting for Centrex facility
(Please read instruction No. 1 of the instruction sheet enclosed)

(Number forming Centrex Group is also please instruction No. to be annexed duly signed by original subscribers)

2) Customer Account No.

3) Name of the customer / company/ organization in capital letters.

4) Present Address of the main customer where the telephone is working .

5) Billing address

| | | | | | | | | |

MAHANAGAR TELEPHONE NIGAM LIMITED, DELHI

Application form of CITY WIDE CENTREX facility Brand name COSMOS

To

The DGM(Coml.)
MTNL, Delhi

Kindly provide/withdraw Centrex Facility to me/us. My/our details are given below:-

A. **Details of subscriber / firm**

1. Name of the subscriber / firm*:
2. Tel. No. :
3. Address :
4. CA No. :

B. **Details of Centrex Group (wherever applicable)**

(i) SOC Name ……...
(ii) SOC Code ……

C. **Details of our Group Coordinator (wherever applicable)**

i) Name: (ii) Tel. No.
iii) Address:
iv) CA No.

I/We hereby declare that information given above is/are true to the best of my/our knowledge and I/we will abide the prevailing Telephone Act/Rule/ and commercial procedures framed there under & Tariffs as amended from time to time so far as they related to Centrex now or at a later date. I/We am/are not a defaulter on account of non-payment of bills for telecom services provide by MTNL. I/We also agree that my/our Centrex connection is subjected to verification, evaluation and acceptance or exclusion by MTNL. We are aware that availing city wide COSMOS service/Centrex facility would entail change in my telephone number.

Signature of Customer/Authorized signatory
And Seal of the Firm (as applicable)

Date:

* **Note:** In case of individual the details can be furnished here itself whereas in case of firm/group a list can be attached as per enclosed format.

Existing Telephone Number will change in another New Number for COSMOS City Wide.

For Subscriber use only						**For Office use only SOC Code..**		
Sl No.	Tel. No.	Name of the Subscriber	Customer Account Number	Address	Signature of the original subscriber	Application Number	New Telephone Number	OB NO.