



SERVICE SHIFTING/TRANSFER FORM <i>(To be filled in by the customer)</i>	
Service Number/Customer Code:	
Previous Address	
Name:	Address:
Location:	Contact No.
Present/new Address	
Name:	Address:
Location:	Contact No.
Customer's Signature	
(FOR OFFICIAL USE ONLY)	
Feasibility	
Vertical MDF/Tag:	Vertical MDF/Tag:
DP No./Tag:	DP No./Tag:
Cabinet No./Pair:	Cabinet No./Pair
Other:	
Outstanding dues in Nu. <i>(if any):</i>	
If surrendered, date of surrender: (dd/mm/yyyy)	
Shifting Payment to be made (tick):	
Fixedline: Nu.100	Leasedline: Nu.2,500
Note: 5% GST shall be applicable to shifting charges.	
Cashier	
Please accept Nu.....as shifting/ownership change fees for service#	
<i>Dear Valued Customer,</i>	
<i>Please settle the outstanding bills before processing this formality to avoid future complications and to help us to provide better service.</i>	
Date:.....(DD/MM/YYYY)	