

DSL Connection Form

Part I - Customer Information

Name & Address of the Customer _____

Contact Phone Number of the Customer _____

Phone Number to be used for DSL Service _____

I hereby authorize **MICRONET BROADBAND PVT LTD.** (DSL Operator) to provide a DSL Connection on the above mentioned phone line

Signature of the Customer _____

Part - II - DSL Operator Information

Name of the Contact Person _____

Telephone _____

Signature _____

DSL Advice Note

No. DSLI - TRI

Dated:

To: _____

DE/ADE Phones: _____

Please arrange the commissioning and activation testing of the following local loop for DSL service:

Phone Number _____
Manager/Divisional Engineer / Assistant Engineer / Supervisor VAS/CCC

Address: _____

Forwarded To: _____

Please Make the pair available on _____ DSL Operator's Tag after coordinating with the field staff of DSL Operator and re-arrange the jumper wires as recommended by the DSL operator.

DE/ADE/Supervisor (Phones)

Date: _____