



APPLICATION FORM FOR CHANGE OF MOBILE NUMBER / E-MAIL ID (in CRM Software)

From (Applicant)

To

The Commercial Officer

1. Name of Customer _____

2. Land Line Number: _____ 3. Account Number : _____

4. Billing Address : _____

5. **Application for change of :** *(please tick relevant item and enter the value to be entered)*

i) Mobile Number. :

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ii) Email Id :

iii) Go Green Option for E-Bills: Yes / No

(If Yes, All the Bills will be sending to the Mail Id Mentioned above. Paper Bills will be discontinued)

6. DECLARATION:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Place: _____

Date: _____

(Signature, Name of the Applicant)

Encl: Please enclose a valid ID proof along with latest copy of Telephone Bill.

For Office Use: