

## STB REPLACEMENT FORM



ग्राहक कॉपी  
CUSTOMER COPY

Customer Code:

Customer Account ID:

(Please fill information in CAPITAL letters) (कृपया जानकारी को बड़े अक्षरों में भरिए)

OLD STB NO.  VC NO.

NEW STB NO.  VC NO.

## Reason for Replacement

Title: Mr.  Mrs.  Ms.  Others   
श्रीषक: श्री: श्रीमती: कु: अन्य:

Name:     
नाम: First Name पहला नाम Middle Name मध्य नाम Last Name अंतिम नाम

Gender:  Male पुरुष  Female महिला

Address:   
पता:

City:  District:  State:  Pin Code:   
शहर: जिला: राज्य: पिन कोड:

Tel. Home:   Mobile:  e-mail:   
टेलिफोन निवास: मोबाइल: ई-मेल:

Signature/ हस्ताक्षर

Date

## FOR OFFICE USE ONLY

LCO Code:

JV Code:

Distributor Code:

LCO Name:

JV Name:

Distributor Name:

LCO  
Stamp

Signature of LCO

Signature of Distributor

Signature of JV

Distributor  
Stamp

DEN Satellite Network Pvt. Ltd.

401/402, 4th Floor, Sentinel, Hiranandani Business Park, Powai, Mumbai - 400 076.

Service Tax No.: AAACW7631AST001

## STB REPLACEMENT FORM

ऑफिस कॉपी  
OFFICE COPYCustomer Code: Customer Account ID: 

(Please fill information in CAPITAL letters) (कृपया जानकारी को बड़े अक्षरों में भरिए)

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## Reason for Replacement

Title: Mr.  Mrs.  Ms.  Others   
श्रीषक: श्री:  श्रीमती:  कु:  अन्य: Name:     
नाम: First Name पहला नाम Middle Name मध्य नाम Last Name अंतिम नामGender:  Male  Female  
लिंग: पुरुष महिलाAddress:   
पता:   
City:  District:  State:  Pin Code:   
शहर: जिला: राज्य: पिन कोड:Tel. Home:   Mobile:  e-mail:   
टेलिफोन निवास: मोबाइल: ई-मेल:

Signature/ हस्ताक्षर

Date   

## FOR OFFICE USE ONLY

LCO Code: LCO Name: JV Code: JV Name: Distributor Code: Distributor Name: LCO  
Stamp

Signature of LCO

Signature of Distributor

Signature of JV

Distributor  
Stamp

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