



བགྲིས་བཅད་དོན་བརྒྱུད་འབྲེལ་སྒྲེར་སྡེ་ཚོད་འཛིན།།

Tashi InfoComm Private Limited

Internet Leased Line Application Form for additional IP

- 1. Application Date:
- 2. Organization/Individual Details:**
 - a) Name:
 - b) Address:
 - c) Ph/Mobile No:
 - d) Fax No:
 - e) Email Id:
- 3. Location:
- 4. Preferred additional IP: 1 IP 2 IPs specify.....IPs
- 5. Preferred date for IP allocation:.....

6. Billing Details:

- a) Name
- b) Address
- c) Email Id:
- d) Ph/Mobile No:
- e) Service/Account ID:

Affix
legal
stamp

I hereby declare that all the information provided is correct and Tashi InfoComm Limited shall not be held responsible in any instances(s). Therefore, please kindly bill for additional IP subscribed as per the information provided above.

Monthly fee of Nu. 500 will be charged on each IP subscribed.

Name & Signature:

B) To be filled by TashiCell Staff:

<ul style="list-style-type: none"> 1. Additional IP provided Date: 2. Service Activation Date: 3. No. of additional IP Allocated: <ul style="list-style-type: none"> a) b) c) 4. Billing Effective Date: 	<ul style="list-style-type: none"> 5. Application Ref: TICL/OD/ISP/..... 7. Staff Name & Signature:
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