

<b>Subscriber / Client Name</b>	
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<b>Subscriber Type</b>	<input type="checkbox"/> Home Broadband	<input type="checkbox"/> SME Broadband	<input type="checkbox"/> DIA	<input type="checkbox"/> Local Loop
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Others (Pl. Specify)	
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**Constitution of company /Business (Please Tick One)**

<input type="checkbox"/> Private Limited	<input type="checkbox"/> Public Limited	<input type="checkbox"/> LLP (Limited Liability Partnership)
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Proprietor Ship Firm	<input type="checkbox"/> Government Department
<input type="checkbox"/> Hindu Undivided Family		

**OFFICIAL DETAILS**

Name of Contact Person	
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Contact Person Mobile no	+ 9 1																		
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Contact Person Mail ID	
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Permanent Account Number (PAN)																			
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Aadhar Card No																			
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GSTIN NO	
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GST Registered Address	
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GSTIN Issuing Date	D	D	M	M	Y	Y	Y	Y
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It is hereby declared that the information and particulars furnished above are true and correct to the best of my/our knowledge and belief and nothing has been concealed.

Name:-  
Designation:-  
Mobile no:-

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Signature

**Please Note: - After filling this from kindly mail to us scan copy on [gstupdate@pccareonline.in](mailto:gstupdate@pccareonline.in)**