



R. D Cable Network

Website add: www.rdcablenet.com

APPLICATION FORM FOR CLOSURE/SURRENDER OF STB

1. Name of the Subscriber : _____
2. STB Number : _____
3. Customer ID : _____
4. Type of Subscriber : (i) Individual (ii) Institution (iii) Hotel (iv) Hotel (v) Others
5. Address of the subscriber : _____
- _____

6. Date from which the STB is : _____
required to be closed

7. Reasons for surrender of STB : (Please tick the appropriate reason)
1. Moving to some other city
 2. Being an additional STB, not required
 3. Death of the original allottee
 4. Financial constraints
 5. Closure of business
 6. Taking STB from other company
 7. Not satisfied with _____'s service on account of:
 - a. Billing problems
 - b. Commercial problems
 - c. Frequent faults
 - d. Improper behaviour by RD Cable staff
(Please give details)
 8. Any other reasons (please specify): _____

8. Address on which refund of security : _____
deposit after adjustment of outstanding _____
bill/amount should be sent _____

9. Contact telephone No., if any : _____

I undertake to pay any amount due to RD Cable even after closure of the connection.

Signature of the customer
Name: _____

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Receipt

Received an application for closure w.e.f. _____ of STB (Pre-paid or Post-paid)/
STB connection No. _____ working in the name of Shri/Smt./Ms _____
_____. Date of receipt of application: _____.
Time of receipt _____.

Signature of the Staff
Official with seal