



CHOOSE YOUR GROUP (CUG) REGISTRATION FORM

1. Name and address of the organization/business enterprise *(In case of individuals, please write down the name of the group's representative)*:

Name: _____

Address _____

2. What CUG plan would you like to subscribe to:

Groups	Subscriber Limit	Rate / Unit	Please Tick One
General Offer	9 to 20	Nu. 0.30 / Unit	
Corporate Offer	21 to 300	Nu. 0.20 / Unit	
Premium Offer	301 and above	Nu. 0.10 / Unit	

3. Please specify the number of members: _____

4. Terms and Conditions:

- Calls outside the CUG will be charged as per the normal tariff plans attached against each group.
- Each CUG should appoint a group administrator. Only the group administrator will be allowed to make changes to the list like addition and deletion of numbers.
- A customer cannot be part of more than one group.
- Please attach the list of members with name and mobile number, separately.

5. Name customer (representative of the organization/ Group): _____

Customer's Signature

Date _____ (DD/MM/YYYY) Place _____