



Bangladesh Submarine Cable Company Limited (BSCCL)

APPLICATION FORM FOR IPLC CONNECTION

REGISTRANT'S INFORMATION

Name of Registration Company/Person	:	
Name of the Authorized Person with Designation	:	
Address	:	
City and Post Code	:	
Email Address	:	
Phone and Fax Numbers	:	
Registration Category	:	<input type="checkbox"/> IIG <input type="checkbox"/> IGW <input type="checkbox"/> Corporate Org. <input type="checkbox"/> International Org. <input type="checkbox"/> Embassy <input type="checkbox"/> Call Center <input type="checkbox"/> Software/Data Entry <input type="checkbox"/> Others (please specify).....
Connection Type	:	<input type="checkbox"/> Long-term <input type="checkbox"/> Short-term <input type="checkbox"/> Temporary
For Long-term, Initial Commitment Period	:	<input type="checkbox"/> 2-3 Years <input type="checkbox"/> 4-5 Years <input type="checkbox"/> above 5 Years
For Short-term, Initial Commitment Period	:	<input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Others (Specify):

ORDER AND BILL PROCESSING INFORMATION

Mode of order and bill processing	:	<input type="checkbox"/> (1) One stop shopping (OSS) with BSCCL <input type="checkbox"/> (2) OSS with..... (Please specify) <input type="checkbox"/> (3) Single-end
For type (3) describe	:	
a) Arrangement with distant-end operator		
b) Contacts at distant-end operator		
Please use extra sheet if needed.		

BILLING CONTACT INFORMATION

If this information is the same as in the Registrant information, you may leave it blank. Otherwise, please complete this section.

Full Name/Designation	:	
Organization	:	
Address	:	
City and Post Code	:	
E-mail Address	:	
Phone and Fax Numbers	:	

AGENT INFORMATION (if any)

Name of Agent	:	
Authorized Person of the Agent with Designation	:	
Address of Agent	:	
Phone and Fax	:	

CONNECTION INFORMATION

[A] Domestic End Connection Address

Customer Name	:	
Connection Address	:	
Phone & Fax numbers	:	
Email Address	:	

[B] Overseas End Connection Address

Customer Name	:	
Connection Address	:	
Phone, Fax numbers & Email	:	

TECHNICAL INFORMATION

Desired bandwidth of connection	:	<input type="checkbox"/> E1 <input type="checkbox"/> STM-1 <input type="checkbox"/> STM-4 <input type="checkbox"/> Other (Kbps/Mbps etc.).....
Type of connectivity	:	<input type="checkbox"/> Half-Circuit <input type="checkbox"/> Full Circuit
Description of End Equipment	:	
(A) Domestic End	:	Modem
(B) Overseas End	:	Modem
Purpose of Connectivity	:	
Justification of bandwidth requirement (Please use separate sheet if needed)	:	
Whether using VSAT at present	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please specify Name of VSAT provider and existing bandwidth used	:	
Whether IPLC will be used for voice-based application (point-to-point)*	:	<input type="checkbox"/> Yes <input type="checkbox"/> No

* This will bear extra charge.

Signature of authorized Person
of the registrant with seal, (if any) : _____ Date : _____

**FOR OFFICIAL USE ONLY
Registration Information**

Registration Number	:		Demand Note No.	:	
Date	:		Date	:	

Circuit Designation	:	
Date of Connection	:	

Signature of BSCCL Authorized Personnel : _____ Date : _____