



Maharashtra Cable Operators' Foundation

MEMBERSHIP FORM

PLEASE AFFIX
ONE PASSPORT
SIZED PHOTO
HERE (+1 LOOSE
PHOTO FOR
SMART ID-CARD)

NOTE: FOR ACCURACY OF DETAILS POSSIBLY PLEASE TYPE THIS FORM

Please enroll me and my network as a member of MCOF.

NAME OF LMO (Last Mile Owner) : _____

SPOUSE'S NAME : _____

NETWORK NAME : _____

NETWORK REGD. ADDRESS : _____

AREAS OF OPERATION : _____ (please use separate sheet
if required, in case of multiple areas.)

CONTACT NUMBER (M) _____ (W) _____

EMAIL(s) : _____

NAME OF CURRENT MSO(s) : 1. _____ 2. _____ 3. _____

PAN CARD NUMBER _____

ENTERTAINMENT DUTY REG. No. _____ YEAR SINCE _____

POSTAL LIC. Number : _____ YEAR SINCE _____

SERVICE TAX REG. No. : _____ YEAR SINCE _____

BMC SHOP & EST. lic. No. : _____ YEAR SINCE _____

NUMBER OF EMPLOYEES' : _____

SIGNATURE _____ Date: __/__/____ Place: _____

(Kind request to make crossed cheque payments only and receipt of payment will be sent to you by post)

Address: Prabhoo Ghar, 26, Hanuman Cross Road No 2, Vile Parle East, Mumbai 400057,
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