



Government of the People's Republic of Bangladesh
Bangladesh Telegraph and Telephone Board

APPLICATION FORM FOR IPLC CONNECTION

REGISTRANT INFORMATION

Registrant Name	:	
Name of the Authorized Person with Designation	:	
Address	:	
City and Post Code	:	
Email Address	:	
Phone and Fax Numbers	:	
Registrant Category	:	<input type="checkbox"/> Corporate Organization <input type="checkbox"/> Software/Data Entry <input type="checkbox"/> International Org. <input type="checkbox"/> Embassy <input type="checkbox"/> Call Center <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"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year
For Short-term, Initial Commitment Period	:	<input type="checkbox"/> Month_____ <input type="checkbox"/> Day_____

ORDER AND BILL PROCESSING INFORMATION

Mode of order and bill processing	:	[1] One stop shopping (OSS) with BTTB
	:	[2] OSS with _____ (Please specify)
	:	[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	:	
Email 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 Numbers	:	

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	:	Kbps/ Mbps/ E1/ E3/ DS3
Type of connectivity	:	<input type="checkbox"/> Half Circuit <input type="checkbox"/> Full Circuit
Description of End Equipment	:	
<i>(A) Domestic End</i>	:	
<i>(B) Overseas End</i>	:	
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 only)*	:	<input type="checkbox"/> Yes <input type="checkbox"/> No

** This will bear extra charges.*

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 BTTB Authorized Personnel: _____ Date: _____