

Validation Checklist for Shifting of Leased Line Connection – Within Mumbai

SL No.	Particulars	Submitted (Yes / No)
1	Request letter in the prescribed format of the Exchange duly signed by the authorized signatory under the rubber stamp of the entity on the letterhead of the member	
2	New Site phone no. of BSNL/MTNL with STD code mentioned in the application.	
3	Circuit Number of the leased line mentioned	
4	Payment Details -	
a.	<u>For BSNL Leased Line</u> – Demand Draft in favour of “ AO (F & A) BSNL MUMBAI ” of Rs. 2758/- payable at Mumbai enclosed.	
b.	<u>For MTNL Leased Line</u> – Demand Note will be generated by MTNL after site survey towards payment.	

Note:-

- Kindly submit the abovestated checklist duly signed and stamped by the authorized signatory of the entity.
- **Circuit Number is mandatory to be given.**
- Inter-state MPLS leased line shifting is not permissible.
- MPLS leased line shifting from MTNL to BSNL circle and vice versa is not permissible.

APPLICATION FOR SHIFTING OF LEASED LINE – WITHIN MUMBAI
(to be submitted on the letterhead of the Member)

Date:

To,
Membership Department
Multi Commodity Exchange of India Ltd.
5th Floor, A Wing,
Exchange Square, CTS No. 255,
Gundavali, Suren Road,
Andheri (East),
Mumbai – 400 093

Sub: **Application for shifting of leased line – Within Mumbai**

Dear Sir / Madam,

We, _____ (name of the member) the member of the Exchange hereby submit our application for shifting of our leased line as per the details given below:

Sr. No.	Particulars	Reply of the Member
1	Name of the Member	
2	Member Id	
3	Circuit Number	
4	Old / Existing site address	
5	City	
6	Pin Code	
7	Telephone No. of Old / Existing site address with STD code (MTNL / BSNL)	
8	Name of the contact person at Old / Existing Site	
9	Mobile No / Contact No. of the Contact Person at existing site	
10	Address of the New site	
11	City	
12	Pin Code	
13	Telephone No. of the New site with STD code (MTNL / BSNL)	
14	Name of the contact person at New Site	

(Signature of the designated director / authorized signatory)

Sr. No.	Particulars	Reply of the Member
15	Mobile No / Contact No. of the Contact Person	
16	Billing Address	
17	City	
18	Pin Code	

You are requested to process our application and further we confirm that the charges towards the same will be paid by us to the Exchange on intimation.

For any further communication in this regard, please contact Mr / Ms / Mrs _____ (name of the contact person) on _____ (contact numbers) or email at _____.

For _____ **(Name of the Member)**

(Signature of the designated director / authorized signatory)

Note:-

- **Circuit Number is mandatory to be given.**