

Pro Forma ~~for checking bona fide of Verizon Internet Dedicated Customers~~

Please email completed form to: nodalofficer@verizon.com

1. Name of Company:

2. CIN / Registration No. of Entity (enclose Copy of Certificate of Incorporation / Registration of Entity):

3. Registered office address of the Entity:

4. Name, Nationality (with Proof of Identity) of the Authorized Representative of Entity:

5. Photograph of Authorized Representative of Entity (Legible photograph having a minimum resolution of 300 pixel per square inch) :

6. Type of Proof of Identity (Pol) in support of 4 and 5 above, duly self-attested copy of the same and Pol number. Pol No. In case of foreign national, attached self-attested copy of Passport:

7. Type of Proof of Address (PoA) of Authorized Representative of Entity, duly self-attested copy of the same and PoA No.:

8. Mobile number/alternate mobile number/land line number and email ID of Authorized Representative of Entity:

9. Billing address for the connection:

10. Type of Proof of Address (PoA) of Entity in case not included in 2 above, self-attested copy of the same and PoA Number:

11. Authorization letter in support of Authorized Representative of Entity, issued by Company Secretary or Registrar or head of the applicant Entity:

12. No. of existing Connections at the same premises where Connection is being applied for. In case more than 2 Internet connections and 9 Land line connections, applicant should specify reason for applying for additional connections:

13. Signature of Authorized Representative of Entity:

14. Name, Signature, Aadhar Card number and Designation of Authorised representative of Licensee who has verified that the connection has been provided as per the instructions herein:

Note-1:

House No/Flat No/Building/Apartment/C/o*: _____

Street address/Road Name: _____

Landmark: _____, Area/Sector/Locality*: _____ Village/Town/City*: _

_____, District*: _____

State/UT*: _____

Pin Code* -

Note 2:

Record of static IP if allocated, date & time of application and activation of connection, medium of connection (viz OFC, Copper, wireless, etc.), Period for which the connection has been provided, land line telephone

number allocated, shall be maintained for all connections provided to Individual and should be made available along with CAF as and when required.

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INSPECTION PRO FORMA

Confirmation by the Recipient/End User of the Service

~~1. We understand that we are permitted to employ encryption up to 40 bit key length in RSA algorithm. However if we employ encryption higher than this limit, we have obtained or will obtain approval from relevant telecom authority and have or will deposit the encryption key, split in two parts with such telecom authority.~~

12. We will maintain the following parameters in SYS LOG of Network Address Translation (NAT) for Internet Access for the required period:

Serial Number	Parameters
1	Start Date (mm:dd:yyyy) & Time (hh:mm:ss)
2	End Date (mm:dd:yyyy) & Time (hh:mm:ss)
3	Source IP Address
4	Source Port
5	Translated IP Address
6	Translated Port
7	Destination IP Address
8	Destination Port

- ~~•~~ Term SYSLOG here refers to Logs for Network Address Translation.
- ~~•~~ Aforesaid parameters shall also be applicable for NAT mechanism for Dual Stack in IPv6 Network. ~~3.~~

2. We attach or will provide on request a duly signed and verified Network Connectivity Diagram for the Services.

34. We will cooperate with and provide to Verizon all such information, records and other relevant materials, access to the location of Services, access to equipment and software directly or indirectly connected to or

interfacing with Verizon Facilities as may be reasonably required for Verizon to comply with local requirements including its License terms and conditions and/or applicable laws in India.

45. We understand that the completion of the Inspection Pro Forma and receipt of the relevant documentation is a critical annual compliance activity for Verizon in accordance with its License terms and applicable laws.

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Signed:

(Customer Authorised Signatory with Name & Designation)

Date:

Place: :

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