



Bangladesh Telecommunications Company Limited

NIX CONNECTIVITY APPLICATION FORM

REGISTRANT INFORMATION

Registrant Name	:	
Name and designation of authorized person	:	
Address	:	
City and Post Code	:	
Email Address	:	
Phone and Mobile Numbers	:	
Registrant Category	:	<input type="checkbox"/> ISP <input type="checkbox"/> Others

CONTACT INFORMATION

[A] Billing Contact

Full Name	:	
Title/Occupation	:	
Organisation (if applicable)	:	
Address	:	
City and Post Code	:	
Email Address	:	
Phone and Mobile Numbers	:	

[B] Technical Contact

Full Name	:	
Title/Occupation	:	
Organisation (if applicable)	:	
Address	:	
City and Post Code	:	
Email Address	:	
Phone and Mobile Numbers	:	

TECHNICAL INFORMATION

[A] General Information

Port Type	:	<input type="checkbox"/> FE <input type="checkbox"/> GE <input type="checkbox"/> 10G <input type="checkbox"/> 40G
Exact Address of the Connection	:	
Local Loop Will be Provided by	:	<input type="checkbox"/> BTCL <input type="checkbox"/> Customer(Optical Fiber/Others)

[B] IP/ASN Related Information

AS Number	:	
No of Prefix (Details)	:	
1		
2		
3		
4		
5		
6		
7		

Signature of the Authorized Person of the Customer: _____ Date: _____

FOR BTCL USE ONLY

Registration Information:

Registration Number	:	
Date	:	

Signature: _____ Date: _____

Circuit Designation	:	
IP Addresses Allocated	:	
Date of Service Start	:	

Signature: _____ Date: _____