



KERALA VISION BROADBAND LIMITED

Regd Off. 2/72, KCCL, Uzhaloor Temple Road, South Thoravu, Pudukad
THRISSUR – 680301, Kerala, India, e-mail : admin@keralavisionisp.com

APPLICATION FOR MEDIATION

Name of the Applicant:	
Address of the Applicant:	
Contact Number:	
E – mail id:	
Date of Complaint with Customer Care:	
Ticket No. (if any): (Generated with Customer Care)	
Date of Complaint (via e – mail) with Customer Redressal Officer:	
Type of Complaint:	a. Network related b. Speed related c. Payment related d. Others
Description of Complaint:	
List of Documents Attached, if any:	

Declaration:

I, the Applicant hereto, declare that the above details furnished is true to the best of my knowledge.

Date:

Place:

Signature of the Applicant