



PAKISTAN SOFTWARE EXPORT BOARD

2nd Floor, Evacuee Trust Complex, F-5 Agha Khan Road, 44000 Islamabad.
UAN: +92-51-111 333 666 Fax: +92-51-9204075
Email: info@pseb.org.pk URL www.pseb.org.pk



CALL CENTER VERIFICATION FORM

Reg. Number		Contact #	
Contact Person		Email	

Name of Call Center			
<input type="checkbox"/> Main Office <input type="checkbox"/> Branch # (if any): -----			
Address (Location)			
No of Agents _____	No of Seats _____		
Project run in this Premises			
Client Base			
Operations <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> Both	Nature <input type="checkbox"/> Inbound <input type="checkbox"/> Outbound <input type="checkbox"/> Blended		
System Specification (For Communication)			
Bandwidth Provider			
Bandwidth in Use (Mbps)			
Media <input type="checkbox"/> DSL <input type="checkbox"/> DXX <input type="checkbox"/> Fiber <input type="checkbox"/> Wireless <input type="checkbox"/> VSAT <input type="checkbox"/> Other (Please specify) _____			



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IP White Listing Information*

S. No.	White Listed IP	Machine/Server on Which IP is Assigned	Model/Serial No. of Machine	Services Offered Through this Server/Machine	Purpose Justification of IP	VoIP Protocol Used	VPN/Tunneling Used on This IP
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							



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Declaration:

1. We confirm that the information provided by us in this form is correct and it is open to verification by PSEB or their legally appointed representatives.
2. In case of any type of misuse of call center operation, call center registration shall immediately be cancelled by PSEB and the PTA/ licensed telecom service provider shall be authorized to immediately terminate services and undertake legal action under the relevant laws of Pakistan.
3. I/we do agree to update PSEB immediately in case of change the information provided in this form. I do understand that failing to do so may result in delisting/blocking of my IP addresses(s) by PTA.

Name: _____ Designation: _____

Authorized Signatory: _____

Company/Call Center Stamp: _____

FOR PSEB USE ONLY

Verifying Officer Name

Signature

Date of Visit

Time of Visit

- Recommended for Issuance of certificate
- Not Recommended for Issuance of certificate

Remarks (If any):

Note: Please contact for any query at 051-9201686 or saslam@pseb.org.pk