

SUPPORT NUMBER

WEB ASP (KL) Tel : 03-7980 1388 / Fax: 03-7980 2388

WEB ASP (Penang) Tel : 04-642 0621 / Fax: 04-611 5620

Customer Requisition Form

1.0 Product Type

Auto Dialer
 AlienVoIP
 Others _____

2.0 Document Required

****For Alien Voip Customer to**

apply Display Caller ID only

1 copy of IC or Passport
 Company Form 9,24 & 49
 Latest 3 Months Telephone Bill

3.0 Customer Information

Company Name or Personal Name : _____ Customer ID : _____
Contact Name : _____ Contact No. : _____
(Mobile No./ Direct Line)

4.0 Customer Request Item

Please tick the below boxes

| | | |
|--|--|---|
| <input type="checkbox"/> Add Telephone Line | <input type="checkbox"/> Change of User Pin / Name | <input type="checkbox"/> Upgrade Package |
| <input type="checkbox"/> Request New Pin | <input type="checkbox"/> Disable User Pin / Name | <input type="checkbox"/> Downgrade Package |
| <input type="checkbox"/> Add New Branch | <input type="checkbox"/> Disable Telephone Line | <input type="checkbox"/> ** Change of Display Caller ID Number |
| <input type="checkbox"/> Change of Billing Address | <input type="checkbox"/> Support & Service | <input type="checkbox"/> ** Request Display Caller ID Number |
| | | ** (for AlienVoip only) |

5.0 Customer Request Item

Description :-

I / We confirm that the above information is true and correct. I/ We agree to be bound by the stated terms and conditions or any amendments made thereafter.

Applicant Chop & Signature _____ Process Status : **Done / KIV**
Other (Reason) : _____
Date : _____
Name : _____ Job Done By : _____
Date : _____