

**REGISTRATION FORM**

**COMPANY DOCUMENT**

Please tick ( ✓ ) the box

- Company Form 9 , 24 & 49
- Lastest 3 Months Telephone Bill
- A copy of I/C or Passport (for personal application)

**PRODUCT TYPE**

Please tick ( ✓ ) the box

- Auto Dialer
- Alien VoIP
- Other \_\_\_\_\_

**1.0 COMPANY DETAILS / PERSONAL DETAILS**

|                   |   |       |                           |   |       |
|-------------------|---|-------|---------------------------|---|-------|
| Company Name /    | : | _____ | Company Registration No / | : | _____ |
| Personal Name     | : | _____ | IC No / Passport No       | : | _____ |
| Company Address / | : | _____ | Office / Resident Number  | : | _____ |
| Resident Address  | : | _____ | Office Number             | : | _____ |
|                   |   |       | (Direct Line / Ext)       |   |       |
|                   |   |       | Fax Number                | : | _____ |
| City              | : | _____ | Postcode                  | : | _____ |
|                   |   |       | Mobile Number             | : | _____ |
| State             | : | _____ | Country                   | : | _____ |
|                   |   |       | Email / Website           | : | _____ |

**2.0 CONTACT PERSON**

|                            |   |       |                       |   |       |
|----------------------------|---|-------|-----------------------|---|-------|
| Name                       | : | _____ | I/C No / Passport No. | : | _____ |
| Department                 | : | _____ | Designation           | : | _____ |
| Contact Number             | : | _____ | Email                 | : | _____ |
| (Mobile No. / Direct Line) |   |       |                       |   |       |

**3.0 NO. OF TELEPHONE LINE / USER PIN NAME**

Remark: Telephone line or use pin name more than 5 , kindly attach a list behind this REGISTRATION FORM

|         |         |         |
|---------|---------|---------|
| 1 _____ | 3 _____ | 5 _____ |
| 2 _____ | 4 _____ | 6 _____ |

**4.0 ACKNOWLEDGEMENT**

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.

|                            |      |   |       |
|----------------------------|------|---|-------|
| _____                      | Date | : | _____ |
| Applicant Chop & Signature |      |   |       |

**5.0 FOR WEB ASP USE ONLY**

|                    |   |  |             |   |       |
|--------------------|---|--|-------------|---|-------|
| Application Status | : | <b>Approved</b> / <b>Not Approved</b> / <b>KIV</b> | Customer ID | : | _____ |
| Registration Date  | : | _____  | Rate Plan   | : | _____ |
| Installation Date  | : | _____  | Agent Name  | : | _____ |