

# TIME FIBRE BROADBAND REGISTRATION FORM

RETAIL EDITION SUBSCRIPTIONS

FIBRE OPTIC COMMUNICATIONS  
1800-18-1818 | WWW.TIME.COM.MY

TIME™

Service Order No: BC424050

## IMPORTANT NOTES

- Please read all the Terms & Conditions accompanying the subscription of the Service(s) before completing this registration form.
- Please write in CAPITAL LETTERS and tick (✓) where applicable.

## A. APPLICANT INFORMATION

Company Name	LG HOUSEHOLD & HEALTH CARE MALAYSIA SDN. BHD.		
Registration No.	290413-V	No. of Staff	5
Company Type	<input checked="" type="checkbox"/> Sdn. Bhd. <input type="checkbox"/> Bhd. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Others (Please specify) _____		
Industry	<input type="checkbox"/> Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Finance <input type="checkbox"/> F&B <input type="checkbox"/> Public Sector <input type="checkbox"/> Others (Please specify) _____		
Title	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Please specify) _____		
Full Name (as per MyKad/Passport)	HWANG IN YONG		
Designation	Director		
MyKad/Passport No.	M 0 4 6 6 6 3 5 6	Nationality	Korea
Email	mhlm86@lghnh.com.my		
Contact No.	0 3 - 4 0 4 4 9 2 6 6 (Office)	0 1 7 - 3 1 9 7 2 5 0 (Mobile)	

## B. SERVICE INSTALLATION DETAILS

The representative indicated must be available during the service installation.

Same as the applicant's info in Section A

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Please specify) _____
Name	_____
Designation	_____ Email _____
Contact No.	_____ (Office) _____ (Mobile)

Your installation address

Address	Level 3, Counter Whoo No. 8, BUKIT JALIL CITY - PAVILION MALL	
	PAVILION BUKIT JALIL, NO 2, PERSIARAN JALIL 8,	
City/State	Wilayah Persekutuan Kuala Lumpur	Postcode 5 7 0 0 0

Preferred Installation Date and Time Slot	(1) DD - MM - YYYY <input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon
	(2) DD - MM - YYYY <input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon
	(3) DD - MM - YYYY <input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon

## C. PLAN DETAILS

### TIME Fibre Broadband Retail Edition

100Mbps ~~RM188~~ RM138

Terms and conditions apply:  
<https://www.time.com.my/terms-and-conditions/retail-edition>

Price(s) subject to Service Tax where applicable.

### Contract Period

24 Months

Balance charges for the remaining contractual months will apply upon early termination.

### Non-Recurring Fee

Deposit : RM 1,000.00

Applicable for foreign-registered company (without SSM registration).

### Included in your plan :

- 1 Dynamic IP
- 2 Voice Lines\*
- 100GB TIME BizCloud Storage\*\*
- 2 Dect Phones
- Wireless AC Dual Band Router

\*Voice calls will be charged on a pay-as-you-use basis at 11 sen/min for calls to all fixed and mobile numbers nationwide and 8 sen/min for IDD calls to 60 countries.

\*\*Valid for 24 months

Remarks

## D. BILLING MODE

eBill  Same as the email in Section A Email \_\_\_\_\_

**E. AUTO DEBIT APPLICATION**

Register to enjoy RM2 off your Internet subscription fee every month.

Please note that we are unable to perform Card-Not-Present (CNP) transactions on HSBC and Standard Chartered Debit Cards. For more details, please contact your bank. Please attach an authorisation letter from primary cardholder if different from subscriber name.

Card Type  MasterCard  Visa  Amex

Card Issuer \_\_\_\_\_

Card No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiry Date   -

**F. DOCUMENTS & DECLARATION**

**Documents Required**

Local Registered Company

1. Photocopy of MyKad (both sides)/Passport (for non-Malaysian)
2. Photocopy of Form 9/Form 13/Notice of Registration (Section 15)/Certificate of Incorporation (Section 17)/Section 28/Certificate of Practice issued by the relevant authority (NGO/Association/Cooperative)

Foreign Registered Company

1. Photocopy of MyKad (both sides)/Passport (for non-Malaysian)
2. Form 79/Form 80/Form 80a/Form 83/Form 83a/Section 562(1)

**Declaration and Terms & Conditions**

I hereby declare that all of the information and documents provided are true and valid. I have read and understood the contents of this form, and agree to be bound by the Terms & Conditions as stated on [www.time.com.my/terms-and-conditions/retail-edition](http://www.time.com.my/terms-and-conditions/retail-edition) which accompany the subscription of product(s) and/or service(s).

I consent to the processing of my personal information in accordance with TIME's Privacy Policy at [www.time.com.my/privacy-policy](http://www.time.com.my/privacy-policy).

I agree with the above Declaration and Terms & Conditions.

Signature : \_\_\_\_\_

Full Name (as per MyKad/Passport) : HWANG IN YONG

MyKad/Passport No. : M04666356

Date :   -   -

**Company Stamp**

LG HOUSEHOLD & HEALTH CARE MALAYSIA SDN. BHD. (290413-v)  
Lot 468-7B & 7C, 1<sup>st</sup> Floor,  
Block D, Rivercity, Jalan Sultan Azlan Shah,  
51200 Kuala Lumpur, Malaysia.  
T : 603 - 40449266 F : 603 - 40439102

**G. FOR OFFICE USE ONLY**

**Type of Account**

New Account  Existing Account (Please indicate existing Account No.) \_\_\_\_\_

Sighted Business Signage  Yes  No      Office Nature  Whole Unit  Shared Office  Rented

Furniture/Office Automation Equipment  Yes  No      Employee's Nationality  Malaysian  Non-Malaysian

Occupied  Yes  No      No. of Staff 5

Account Manager: \_\_\_\_\_

Funnel Number: \_\_\_\_\_

Dealer Code: \_\_\_\_\_

Dealer Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Remarks**

**Dealer Stamp**