

TIME FIBRE BROADBAND REGISTRATION FORM

OFFICE EDITION SUBSCRIPTIONS

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

TIME

Service Order No: BC418793

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	HEALIVING SUPPLIES SDN BHD		
Registration No.	1421994-U	No. of Staff	7
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 checked="" type="checkbox"/> Service <input 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 type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Please specify) _____		
Full Name (as per MyKad/Passport)	CHOK CHUEN YOKE		
Designation	CEO		
MyKad/Passport No.	721121-14-5100	Nationality	MALAYSIAN
Email	vivianchok@gmail.com		
Contact No.	012-2282220	(Office)	_____ (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	C3-0-23A, OUG PARKLANE - ZONE A/B/C - 3 STOREY SHOP OFFICE		
	MUKIM PETAING, DAERAH KUALA LUMPUR,		
City/State	KUALA LUMPUR	Postcode	58200
Preferred Installation Date and Time Slot	(1) DD - MM - YYYY <input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon	Install ASAP	
	(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 Office Edition

100Mbps RM248 RM218

Terms and conditions apply:
<https://www.time.com.my/terms-and-conditions/office-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 :

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1 Dynamic IP | <input checked="" type="checkbox"/> 2 Dect Phones |
| <input checked="" type="checkbox"/> 2 Voice Lines* | <input checked="" type="checkbox"/> Wireless AC Dual Band Router |
| <input checked="" type="checkbox"/> Voice Calls worth 500 minutes* | <input checked="" type="checkbox"/> 100GB TIME BizCloud Storage** |

*11sen/min for domestic calls and 8sen/min for IDD calls to 60 countries.
Entitlement of 500 minutes free calls must be utilised within 12 months from activation, after which, any values not utilised will be forfeited.

**Valid for 24 months

Remarks

D. BILLING MODE

eBill (default) Same as the email in Section A Email _____

Or

Paper Bill (monthly fee of RM5) Same as the address in Section B

Service Order No:

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TIME

Billing Address

City/State

Postcode

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

MM - YY

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/office-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.

I agree with the above Declaration and Terms & Conditions.


Signature : _____

Full Name (as per MyKad/Passport) : **CHOK CHUEN YOKE**

MyKad/Passport No. : **721121-14-5100**

Date : **03 - 09 - 2021**

Company Stamp



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 **7**

Account Manager: _____

Funnel Number: _____

Dealer Code: _____

Dealer Name: _____

Department: _____

Date: _____

Signature: _____

Remarks

Dealer Stamp

Pro Advance Solution

002445270-P