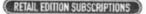
TIME FIBRE BROADBAND REGISTRATION FORM



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Service Order No:

BC418743

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 COVERED GROUP SON. BHO.
Registration No. of Staff 6
Company Type Sdn. Bhd. Partnership Sole Proprietor Others (Please specify)
Industry Service Retail Finance F&B Public Sector Others (Please specify)
Title Mr. Mrs. Dr. Others (Please specify)
Full Name (as per MyKad/Passport) MUHAMMAD AFIG BIN MOHO RAD21
Designation Director S
MyKad/Passport No. 88 1018 - 03 - 5045 Nationality MALAYSIA
Email Covered my Comail com
Contact No. 0 1 6 - 6 0 7 6 6 8 3 (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 Mr. Mrs. Dr. Others (Please specify)
Name
Designation Email
Contact No. (Office) - (Mobile)
Your installation address
A-02-07 , RADIA OFFICE BLOCK A,
Persiaran Singgahsana, Section U8
City/State SHAH ALAM / SELANGOR Postcode 401 50
Preferred Installation Date and Time Slot (1) - - Morning / Afternoon
(2) Afternoon
(3) Afternoon
C. PLAN DETAILS
included in your plan :
✓ 100Mbps RM+88 RM138 ✓ 1 Dynamic IP ✓ 2 Dect Phones
Terms and conditions apply: 2 Voice Lines* Wireless AC Dual Band Router Attest//www.hme.com.my/terms-and-conditions/retail-edition
Pricetal subject to Sen ice Tax where applicable.
*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
24 Months countries.
sistance charges for the remaining contractual months will apply **Valid for 24 months
Non-Recurring Fee Remarks
Deposit : RM 1,000.00
pplicable for foreign-registered company (without SSM registration).
D. BILLING MODE
eBill Same as the email in Section A Fmail

Date:

Signature:



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. MasterCard Card Type 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 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.niy/privacy-policy. I agree with the above Declaration and Terms & Conditions. Company Stamp GROUP Signature Full Name Muhammad Afiq Bin Mohd Radzi 202101002624 (as per MyKad/Passport) 1402922-H 881018-03-5045 MyKad/Passport No. Date 0 3 - 0 9 - 2 0 2 1 G. FOR OFFICE USE ONLY Type of Account New Account Existing Account (Please indicate existing Account No.) Sighted Business Signage Whole Unit No Office Nature Shared Office Furniture/Office Automation Equipment Employee's Nationality Non-Malaysian Occupied No. of Staff Remarks Account Manager Funnel Number tdpsp279 Dealer Stamp Dealer Code: Pro Advance Solution Dealer Name: Pro Advance Solution (002445270-P) Department: