

TIME FIBRE BROADBAND REGISTRATION FORM

RETAIL EDITION



TIME
WWW.TIME.COM.MY

Service Order No: **BC428618**

IMPORTANT NOTES

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

A. APPLICANT INFORMATION

Company Name	SK PHARMA ENTERPRISE	
Registration No.	003371475-P	No. of Staff 6
Company Type	<input type="checkbox"/> Sdn. Bhd. <input type="checkbox"/> Bhd. <input type="checkbox"/> Partnership <input checked="" 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)	SHAREENA BINTI KHADMUDIN	
Designation	Director	
MyKad/Passport No.	9 2 0 9 2 2 - 0 8 - 6 4 8 0	Nationality Malaysian
Email	shareenakhad@gmail.com	
Contact No.	0 1 6 - 7 2 1 7 0 4 6 (Office)	0 1 6 - 7 2 1 7 0 4 6 (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	G-45, Ground Floor, OASIS 3	
	Taman Cahaya Kota Puteri	
City/State	Johor Bahru, Johor	Postcode 8 1 7 5 0

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



C. PLAN DETAILS

TIME Fibre Broadband Retail Edition

100Mbps ~~RM168~~ 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 100GB TIME BizCloud Storage**
- 2 Voice Lines* Wireless AC Dual Band Router
- 2 Dect Phones

Optional for your plan:

Devices

- TP-Link EC230 RM149
- TP-Link EC440 RM350
- OmniMesh WiFi 5 (TP-Link) - 1 Unit (with TP-Link EC440 router) @ RM549
- OmniMesh WiFi 5 (TP-Link) - 2 Units (with TP-Link EC440 router) @ RM679
- OmniMesh WiFi 5 (TP-Link) - 3 Units (with TP-Link EC440 router) @ RM809

*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

Reservation Code - R00092622
07-2721 786 & 07-2721 787

D. BILLING MODE

eBill (default) 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 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.

<p>Signature : </p> <p>Full Name (as per MyKad/Passport) : <u>SHAREENA BINTI KHADMUDIN</u></p> <p>MyKad/Passport No. : <u>920922 - 08 - 6480</u></p> <p>Date : <input type="text" value="0"/> <input type="text" value="4"/> - <input type="text" value="0"/> <input type="text" value="3"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/></p>	<p>Company Stamp</p> <p>SK PHARMA ENTERPRISE 202203046333 (003371475-P)</p>
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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 6

Account Manager: _____

Funnel Number: _____

Dealer Code: _____

Dealer Name: _____

Department: _____

Date: _____

Signature: _____

<p>Remarks</p>
<p>Dealer Stamp</p> <div style="text-align: center;"> </div>





BORANG D (KAEDAH 13)

**PERAKUAN PENDAFTARAN
AKTA PENDAFTARAN PERNIAGAAN 1956**

Dengan ini diperakui bahawa perniagaan yang dijalankan dengan nama

SK PHARMA ENTERPRISE

NO. PENDAFTARAN: 202203046333 (003371475-P)

telah didaftarkan dari hari ini sehingga **14 FEBRUARI 2027** di bawah Akta Pendaftaran Perniagaan 1956, beralamat di **45, JALAN KOTA 3, KOTA PUTERI, 81750 MASAI, JOHOR**

Bil. Cawangan: TIADA

Bertarikh di **SISTEM EZBIZ** pada **15 FEBRUARI 2022**.

DATUK NOR AZIMAH ABDUL AZIZ

Pendaftar Perniagaan
Semenanjung Malaysia