

Service Order No: BC419038

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

TIME

**Contract Period & Non-Recurring Fee**

24 months

**D. BILLING MODE**

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

**E. PREFERRED NETWORK USERNAME (PPPoE)**

1st Option   
2nd Option   
3rd Option

**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

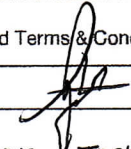
- 1. Photocopy of MyKad (both sides)/Passport (for non-Malaysian)
- 2. Form 79/Form 80/Form 80a/Form 83/Form 83a/Section 562(1)


**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](http://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](http://www.time.com.my/privacy-policy).

I agree with the above Declaration and Terms & Conditions.

Signature :   
Full Name (as per MyKad/Passport) : TENG TECK SOON  
MyKad/Passport No. : 740703-14-5729  
Date : 14-09-2021

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 3

Account Manager: \_\_\_\_\_  
Funnel Number: \_\_\_\_\_  
Dealer Code: \_\_\_\_\_  
Dealer Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Remarks *Install Please Call Nurul Khairi 29 011-14884485*

Dealer Stamp 