

TIME FIBRE HOME BROADBAND REGISTRATION FORM

BUSINESS EDITION



Live Chat

TIME
WWW.TIME.COM.MY

Service Order No: BC429031

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.
- This form is only applicable for home broadband service registrations made by businesses.

A. APPLICANT INFORMATION

Company Name	THOMSON HOSPITALS SDN. BHD.		
Registration No.	478738A	No. of Staff	100
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 checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Please specify) _____		
Full Name (as per MyKad/Passport)	LAI CHOOI HING		
Designation	HEAD OF HUMAN RESOURCES		
MyKad/Passport No.	6 6 0 7 2 0 - 0 8 - 5 1 9 0	Nationality	MALAYSIAN
Email	ivy.lai@tmlife.com		
Contact No.	0 3 - 6 2 8 7 1 1 1 1 (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 checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Please specify) _____		
Name	KAREN LIM LAY YEE		
Email	karen.lim@tmlife.com		
Contact No.	0 1 2 - 3 4 1 2 9 6 2 (Primary)		(Secondary)

Your installation address

Address	C-15-06, COVA VILLA BLOCK C		
	JALAN TEKNOLOGI, KOTA DAMANSARA		
City/State	PETALING JAYA, SELANGOR	Postcode	4 7 8 1 0

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

C. PLAN DETAILS

TIME Fibre Home Broadband* <input checked="" type="checkbox"/> 100Mbps (RM99/month) Router Upgrade <input type="checkbox"/> WiFi 6 router @ RM99 OmniMesh Nodes <input type="checkbox"/> WiFi 5 (Huawei) - 1 unit @ RM169 <input type="checkbox"/> WiFi 5 (Huawei) - 2 units @ RM338 <input type="checkbox"/> WiFi 5 (Huawei) - 3 units @ RM507 <input type="checkbox"/> WiFi 6 (Huawei) - 1 unit @ RM399 <input type="checkbox"/> WiFi 6 (Huawei) - 2 units @ RM719 <input type="checkbox"/> WiFi 6 (Huawei) - 3 units @ RM999	<input type="checkbox"/> 500Mbps (RM139/month) N/A <input type="checkbox"/> WiFi 5 (Huawei) - 1 unit @ RM169 <input type="checkbox"/> WiFi 5 (Huawei) - 2 units @ RM338 <input type="checkbox"/> WiFi 5 (Huawei) - 3 units @ RM507 <input type="checkbox"/> WiFi 6 (Huawei) - 1 unit @ RM399 <input type="checkbox"/> WiFi 6 (Huawei) - 2 units @ RM719 <input type="checkbox"/> WiFi 6 (Huawei) - 3 units @ RM999	<input type="checkbox"/> 1Gbps (RM 199/month) N/A <input type="checkbox"/> WiFi 5 (Huawei) - 1 units @ RM169 <input type="checkbox"/> WiFi 5 (Huawei) - 2 units @ RM338 <input type="checkbox"/> WiFi 5 (Huawei) - 3 units @ RM507 <input type="checkbox"/> WiFi 6 (Huawei) - 1 unit @ RM399 <input type="checkbox"/> WiFi 6 (Huawei) - 2 units @ RM719 <input type="checkbox"/> WiFi 6 (Huawei) - 3 units @ RM999
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TIME Voice Home**

<input checked="" type="checkbox"/> Basic - pay as you use (default)	<input type="checkbox"/> Lite - RM2.50/month for 60 mins/month	<input type="checkbox"/> Max - RM10/month for 330 mins/month
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*These plans are subject to a 24-month contract term. New subscribers get to enjoy the "First Month On Us" promo where their first full month's broadband fee is free.

**Entitlement of free minutes under TIME Voice Home plans are renewable monthly and cannot be carried forward. Normal call rates apply upon full utilisation of free minutes. Price(s) subject to Service Tax where applicable.

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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

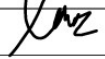
- 1. Photocopy of MyKad (both sides)/Passport (for non-Malaysian)
- 2. Form 79/Form 80/Form 80a/Form 83/Form 83a/Section 562(1)

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 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) : LAI CHOOI HING
MyKad/Passport No. : 660720-08-5190
Date : 1 4 - 0 3 - 2 0 2 2

Company Stamp

Thomson Hospitals Sdn. Bhd.
(Co. No: 478738-A)
11, Jalan Teknologi,
PJU 5, Kota Damansara
47810 Petaling Jaya, Selangor
Tel: 03-6287 1111 Fax: 03-6287 1005

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 _____

Account Manager: _____
Funnel Number: _____
Dealer Code: _____
Dealer Name: _____
Department: _____
Date: _____
Signature: _____

Remarks

Dealer Stamp

PRO ADVANCE SOLUTION
(002445270-P)