

TIME FIBRE BUSINESS INTERNET REGISTRATION FORM

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



Service Order No:

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	<input type="text"/>		
Registration No.	<input type="text"/>	No. of Staff	<input type="text"/>
Company Type	<input 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 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 type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Please specify) _____
Full Name (as per MyKad/Passport)	<input type="text"/>		
Designation	<input type="text"/>		
MyKad/Passport No.	<input type="text"/>	Nationality	<input type="text"/>
Email	<input type="text"/>		
Contact No.	<input type="text"/> - <input type="text"/>	(Office)	<input type="text"/> - <input type="text"/> (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	<input type="text"/>				
Designation	<input type="text"/>	Email	<input type="text"/>		
Contact No.	<input type="text"/> - <input type="text"/>	(Office)	<input type="text"/> - <input type="text"/>	(Mobile)	

Your installation address

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

C. PLAN DETAILS

TIME Fibre Business Internet

- 50Mbps RM338 (50% discount @ RM169 for the first 6 months)
- 100Mbps RM398 (50% discount @ RM199 for the first 6 months)

Contract Period

- 24 Months

Included in your plan :

- 1 Dynamic IP
- 2 Voice Lines
- Voice Calls worth RM500*
- 1 ONU + 1 D-Link DIR-850L Router
- 2 Dect Phones

*11 sen/min for domestic calls and 8 sen/min for IDD calls to 60 countries.
Entitlement of RM500 free calls must be utilised within 12 months from activation, after which, any value not utilised will be forfeited.

Non-Recurring Fee

Stamp Duty : RM 10.00
Deposit : RM 1,000.00

Applicable for foreign-registered company (without SSM registration).

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

Billing Address

City/State

Postcode

E. DOCUMENTS & DECLARATION

Documents Required

- 1. Photocopy of MyKad (both sides) or Passport (non-Malaysian)
- 2. Photocopy of Form 9/Form 13 or relevant documents

Declaration

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 hereby consent to the collection, use and disclosure of my personal information in accordance with TIME's Privacy Policy at www.time.com.my/privacy-policy.

Signature : _____
Full Name (as per MyKad/Passport) : _____
MyKad/Passport No. : _____
Date : - -

Company Stamp

F. 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