

ACCOUNT DETAILS

Registration Form - Residential Broadband

SECTION A: SERVICE PLAN

Please indicate ✓ where applicable:

BizValue	Bandwidth	Contract	Data (✓)	Voice (✓)
A	20 Mbps	6 Months		
B	40 Mbps	6 Months		
C	60 Mbps	6 Months		
A+	30 Mbps	24 Months		
B+	50 Mbps	24 Months		
C+	70 Mbps	24 Months		

Voice upon request only

SECTION B: DOCUMENT REQUIRED

Please indicate ✓ where applicable:

- ☐ Provide a copy of:
 ☐ NRIC (Malaysian)
 ☐ Passport (non-Malaysian)
- ☐ Payment Method:
 ☐ Payment Remittance
 ☐ Cheque
 ☐ Cash
- ☐ Payment Fees:
 ☐ Installation Fee
 ☐ Device Deposit
 ☐ Service Deposit

Bank Details: Hong Leong Bank Berhad / 236 0056 2859 - FRESHTEL GROUP SDN BHD

SECTION C: CUSTOMER INFORMATION

Customer Name _____
 (As per NRIC / Passport)

NRIC / Passport No. _____

Installation Address _____

Postcode _____ City _____

State _____

Telephone Number _____ Mobile Number _____

Email Address _____

Facebook ID _____
 (preferred mode of communication and information)

SECTION D: BILLING INFORMATION

☐ Please tick here if the info is same with section C

Billing Address _____

Postcode _____ City _____

State _____

Telephone Number _____ Mobile Number _____

Email Address _____
 (Monthly billing statement will be sent via email)

ACKNOWLEDGMENT**SECTION E: CUSTOMER ACKNOWLEDGMENT**

I, _____ NRIC / Passport Number _____ hereby accept any and all responsibility for the installation of Freshtel's service and I understand and agree to accept and be bound by the terms and conditions (www.freshtel.my/Residential/Termsandconditions.asp) which accompany the usage of the Freshtel service. These terms and conditions may be subject to change by Freshtel Group Sdn Bhd and I will be notified in a manner where necessary and appropriate. I confirm that the information given herein is correct and accurate. I understand Freshtel Group Sdn Bhd reserves the right to verify any information provided by me with regards to this application.

CUSTOMER SIGNATURE_____
DATE OF APPLICATION**SECTION F: REFERRAL INFORMATION**

Note: One (1) Application is entitled to one (1) referral only

Referral Name _____ Contact No.: _____

Unit Number _____ Development: _____

Referral Signature _____

FOR FRESHTEL USE ONLYAssigned Account Code

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Assigned Project Code

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Please indicate ✓ if completed:

<input type="checkbox"/> Credit validation checks done	<input type="checkbox"/> Facebook ID checked	<input type="checkbox"/> Referral Info checked
<input type="checkbox"/> Installation Fee received	<input type="checkbox"/> Email address checked	<input type="checkbox"/> Referral System Input
<input type="checkbox"/> Deposit received	<input type="checkbox"/> Contact number checked	<input type="checkbox"/> Installation Date: _____

Remarks:

_____**Verification**Verified by: _____ Verified Date: _____ ☐ Completed