

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*(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 ONLY

Assigned 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