



PLANWORTH

Communications (M) Sdn Bhd (174659-V)

B-11-2, Megan Avenue 1, No. 189, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia
Tel: 603-2166 2728 Fax: 603-2166 2729 Website: www.planworth.com

APPLICATION FOR SERVICE

PLANWORTH COMMUNICATIONS (M) SDN BHD

FOR COMPANY

Account No :

IMPORTANT

**PLEASE READ THE TERMS AND CONDITIONS AS PRINTED OVERLEAF BEFORE COMPLETING THIS REGISTRATION FORM
REGISTRATION MUST BE MADE BY AN AUTHORIZED OF THE COMPANY**

1. Please write in CAPITAL letters and tick (✓) or delete where required
2. For Business Customers, please enclose a copy of your latest 3 months phone bill and business registration certificate – Form 24,49 and 9,Form 13 (Company), Form D and A (Proprietor), Form D and B (Partnership) and Form 79 or 80 or 83 or 83a (Foreign Company)
3. Please be informed that should your usage exceed the credit limit, you may experience temporary interruption to Planworth's service.
4. To increase your credit limit, apply for it separately.
5. For enquiries, please dial **03-2166 2728** or fax **03-2166 2729** or email to customercare@planworth.com

A. CUSTOMER DETAILS (This section MUST be completed)	B. ADDITIONAL INFORMATION
<input type="checkbox"/> Residential <input type="checkbox"/> Business 1. Company Name (as appear on Business Certificates) _____ 2. Address (service address) _____ _____ City _____ Postcode _____ State _____ email _____ 3. Business Registration/NRIC/Passport No. _____ 4. Type of Business <input type="checkbox"/> BHD <input type="checkbox"/> SDN BHD <input type="checkbox"/> Sole Proprietorship 5. Nature of Business (Please specify) _____ Service Inquiry Contact Person Mr/Mrs/Ms _____ Tel No. _____ Fax No. _____	(For bills and other information-if address differs from Section A) 1. Address _____ _____ City _____ Postcode _____ State _____ email _____ 2. Billing Inquiry Contact Person Mr/Mrs/Ms _____ Tel No. _____ Fax No. _____ 3. <input type="checkbox"/> E-billing <input type="checkbox"/> Original phone bill by post 4. CPE Type PABX / KTS / Others Brand _____ Manufacturer _____ Model _____ Vendor _____ Contact Number _____ 5. Call plan Package _____ 6. Implementation Contact Person Mr/Mrs/Ms _____ Tel No. _____ email _____ 7. Installation Location _____ _____ _____

C. SERVICE DETAILS (This section MUST be completed)					
Existing Fixed Line Provider (EFP)	T – Telekom Malaysia	C – Celcom	M – Maxis	D – Digi	
Barring Request (BAR)	O – IDD only	(Blank) – No Barring			
Line Type (LT)	D – Direct Line	F – Fax Line	H – Hunting Line		

Tel. No.	EFP	BAR	LT	Tel. No.	EFP	BAR	LT
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: The number of lines applied is more than 12; please provide the number(s) and operators in a new form together with this form.
For the application for mobile line, charges will be billed to the subscriber's name which appeared under customer details.**

ORIGINAL COPY

