

IP ADDRESS SUBSCRIPTION FORM

 APPLICATION New Upgrade/Downgrade Please write in CAPITAL letters and tick (✓) where required.

ONLINE

 Name of Company

 Installation Address Same as Billing Address

 Unit No. Level Block No.

 Postcode

 Tel. No. Fax. No.

Technical Contact

 Name:

 Mobile No. Tel. No. Ext.

 Designation

 Other Contact No. E-mail Address

Service Details

 Subscription/Contract Period:¹ 12 months 24 months Other (please specify):

Quotation Ref.:

 Required For Service (RFS) Date:² Billing Cycle:³ Annually In Advance

Quotation Date:

Notes:

1. Standard contract period is 12 months unless otherwise quoted/agreed.
2. Required For Service (RFS) date is subject to the availability of required IP address/block.
3. Standard billing cycle is annually in advance unless otherwise quoted/agreed.
4. The IP address is for your organization use ONLY and you are NOT ALLOWED to reassign the IP address to any third party for whatsoever reason.
5. The IP address must be returned to SETIA HARUMAN TECHNOLOGY (SHTECH) if you are no longer a City Broadband subscriber.

Package Details

Package	No. of IP Address	Monthly Fee	Please Select One	Notes
Block of 8 IPs (fixed/static) <input type="checkbox"/>		RM400.00 <input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other: <input type="checkbox"/>		RM <input type="checkbox"/>	<input type="checkbox"/>	

APPLICATION CONFIRMATION

I/We confirm that the above information, documents and any appendices given herein and attached herewith by me/us are true, correct and valid. I/We have read, understand and agree to be bound by the Terms and Conditions that accompany the subscription of the service(s). I/we am/are aware that Setia Haruman Technology Sdn Bhd (SHTECH) reserves the right to change or amend the Terms and Conditions and such changes or amendments may be notified to me/us by SHTECH from time to time in such manner as SHTECH may determine. I/We acknowledge that the minimum subscription/contract period is as indicated above and I/we will be liable for a penalty if I/we prematurely terminate the subscription.

Company Stamp

Applicant's Signature

 DATE:

FOR OFFICE USE ONLY

 Customer Code:

 IP Allocated: Yes No Date

 IP Block Range:

 Technical: Date

 Sales: Date

 Verified By: Date

 Activation Date 1st Billing Date

 Finance/Account: Date

 Remark: