

# CHANGE OF CUSTOMER INFORMATION ( CCI- FORM D)



**Axis Technologies Solutions (M) Sdn Bhd (494180-A)**

**KUALA LUMPUR**  
**PENANG**  
**JOHOR BAHRU**

Unit 3A-08, Block D, Pusat Dagangan Phileo Damansara 1, No.9, Jln 16/11, Off Jln Damansara, 46350 Petaling Jaya, Selangor  
Block 368-02-07, Bellisa Row, Burmah Road, Pulau Tikus, 10350 Penang  
31-02, Jalan Sri Perkasa Dua/1, Taman Tampoi Utama, 81200 Johor Bahru, Johor

**IMPORTANT**

1. Registration must be made by an authorised officer of the company.
2. Please write in CAPITAL letters.
3. Please provide photocopy of your latest telephone bill and business registration certificate FOR CHANGE OF COMPANY'S NAME
4. For enquiries, please contact our Customer Service Centers, Central Office - K.L. (03) 79603000, Northern Office - PG (04) 226 9900, or Southern Office - JB (07) 241 2600
5. Please complete the information and fax to Central Office - K.L. (03) 7960 3300, Northern Office - PG (04) 226 9901, or Southern Office - JB (07) 241 2960

| OLD INFORMATION    |   |   |   |  |  |   |   |  |  |                    |   |   |  |   |  |  |
|--------------------|---|---|---|--|--|---|---|--|--|--------------------|---|---|--|---|--|--|
| 1 Date             |   |   | - |  |  | 2 | 0 |  |  | 2 Customer Account | 3 |   |  | / |  |  |
| 3 Company's Name   |   |   |   |  |  |   |   |  |  |                    |   |   |  |   |  |  |
| 4 Person In Charge |   |   |   |  |  |   |   |  |  |                    |   |   |  |   |  |  |
| 5 Telephone        | 0 |   | - |  |  |   |   |  |  | 7 Fax              | 0 | - |  |   |  |  |
| 6 Mobile Phone     | 0 | 1 | - |  |  |   |   |  |  |                    |   |   |  |   |  |  |

**NEW INFORMATION**

**A. COMPANY'S INFORMATION**

|                          |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
|--------------------------|---|--|---|--|--|--|--|--|--|-------|---|---|--|--|--|--|
| 1 Company Name           |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 2 Address                |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 3 State                  |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 4 Post Code              |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 5 Telephone              | 0 |  | - |  |  |  |  |  |  | 6 Fax | 0 | - |  |  |  |  |
| 7 URL Address, if any    |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 8 E-mail Address, if any |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |

**B. BILLING ADDRESS / INDIVIDUAL ADDRESS** (Please complete if different from the above address)

|   |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|-------|---|---|--|--|--|--|
| 1 Billing Address<br><small>(if different from above)</small> |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 2 State   |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 3 Post code   |   |  |   |  |  |  |  |  |  |       |   |   |  |  |  |  |
| 4 Telephone   | 0 |  | - |  |  |  |  |  |  | 5 Fax | 0 | - |  |  |  |  |

**C. CONTACT PERSON**

|   |   |   |   |  |  |  |  |  |  |          |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|----------|---|---|--|--|--|--|
| 1 Contact Person<br><small>(Mr/Mrs/Ms/Dr)</small> |   |   |   |  |  |  |  |  |  |          |   |   |  |  |  |  |
| 2 New IC No.                                      |   |   | - |  |  |  |  |  |  |          |   |   |  |  |  |  |
| 3 Designation/Occupation                          |   |   |   |  |  |  |  |  |  |          |   |   |  |  |  |  |
| 4 Telephone (Home)                                | 0 |   | - |  |  |  |  |  |  | 5 Office | 0 | - |  |  |  |  |
| 6 Mobile Phone                                    | 0 | 1 | - |  |  |  |  |  |  | 7 Fax    | 0 | - |  |  |  |  |
| 8 E-Mail Address, if any                          |   |   |   |  |  |  |  |  |  |          |   |   |  |  |  |  |

**DECLARATION**

I/We hereby declare that the above information is true and valid.

Signatory's Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 New IC No: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Authorised Signatory & Company's Stamp

**FOR OFFICE USE ONLY**

**Business Development**

|                              |  |
|------------------------------|--|
| Date Received                |  |
| Sales Code                   |  |
| Sales person acknowledgement |  |
| Sales Manager approval       |  |

**Sales Support**

|                      |  |
|----------------------|--|
| Task Completion Date |  |
| Acknowledgement      |  |

**Finance Dept**

|                      |  |
|----------------------|--|
| Task Completion Date |  |
| Acknowledgement      |  |