

CALLER ID REGISTRATION REQUEST (CIR-FORM B)



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. Application must be made by an authorised officer of the company.
2. Please write in CAPITAL letters and tick (X) where applicable.
3. Please allow a maximum of three (3) days for the new amendment to take effect.
4. Submissions must be made before the next billing date to incorporate any amendments.
5. Please use separate "Caller ID Registration Request" form if one form is inadequate for all information requested by customer.
6. For enquiries, please contact our Customer Service Centers, Central Office - K.L. (03) 7960 3000, Northern Office - PG (04) 226 9900, or Southern Office - JB (07) 241 2600
7. 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

Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	Customer Account	<input type="text"/> / <input type="text"/>
Company's Name	<input type="text"/>		
Person In Charge	<input type="text"/>		
Telephone	<input type="text"/> 0 <input type="text"/> - <input type="text"/>	Fax	<input type="text"/> 0 <input type="text"/> - <input type="text"/>
Mobile Phone	<input type="text"/> 0 1 <input type="text"/> - <input type="text"/>		

	<input type="checkbox"/> New	<input type="checkbox"/> Additional	<input type="checkbox"/> Cancellation
	Name of caller		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

	<input type="checkbox"/> Change
	<input type="checkbox"/> Name of caller
1	From: <input type="text"/>
2	To: <input type="text"/>
3	
4	
5	
6	
7	
	<input type="checkbox"/> Pin No.
1	
2	
3	
4	
5	
6	
7	

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	