CUSTOMER SERVICE REQUEST (CSR- FORM E)

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

KUALA LUMPUR Unit 3A-08, Block D, Pusat Dagangan Phileo Damansara 1, No.9, Jln 16/11, Off Jln Damansara, 46350 Petaling Jaya, Selar

PENANG Block 368-02-07, Bellisa Row, Burmah Road, Pulau Tikus, 10350 Penang

JOHOR BAHRU 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. Submmissions must be made before the next billing date to incorporate any amendments.
5. 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
6. 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 __ __ - __ __ - 2 0 __ __

Company's Name

Customer Account __ __ __ __ / __ __ __

Person In Charge

Telephone __ __ - __ __ __ __ __ __ __ **Fax** __ __ - __ __ __ __ __ __ __

Mobile Phone __ __ __ - __ __ __ __ __ __ __ **Network Operations** __ __ __ __ __ __ __

PBX	☐	Single Line	☐	Fax	☐	Handphone	☐	One Button	☐
Dialer	☐	Dialer / ID	☐	Program	☐	Program/ID	☐	IP Phone	☐

1)	**Service Request**	
	Remarks	
2)	**Problem**	
	Solution	

Status

OK ☐ Faulty ☐ Others ☐

If others, please specify

Signatory's Name: _____

Designation: _____

New IC No: ____ - ____ - ____

Date: ____ / ____ /20 ____

Authorised Signatory & Company's Stamp

FOR OFFICE USE ONLY

Business Development

Sales person acknowledgement

Date

Customer Support Department

Date Receive

Acknowledgement

Network Operations

Date Receive from Customer Care

Acknowledgement

Date/ Time Start ___ / ___ /20 ___ @ ___ (hours) ___ (min) AM/PM

Date/ Time End ___ / ___ /20 ___ @ ___ (hours) ___ (min) AM/PM