

## **SB ORDER**

Serv	vice for Port In / Port Back number
( )	PSTN only
( )	PSTN bundle with PCCW

Port In / Port Back – Customer Request Form (must attach NSD Form)

docum	r Team : Fax: 2962 569 <b>nents)</b> ting Team – Fax : 2962		-			
endor	se the absorption of 21	N overtime surchar	ge, fax Customer I	Request Form only)		
			(input your Support Team info)			
		(AM / ASM / CSS / Channel ASM)*				
Tel No.:	Fax:		Date:			
	mer Information					
Customer Name						
	me in 2N bill invoice)					
	lress (tick as appropriat		1_			
	dress (no need to fill in	•		•	ŕ	
	, Floor :					
	, Street Name : _					
Order Remark	ng building and port back fr		ces applies ONP with bl	ockwiring, i.e. "SAME A	DDRESS" marker exist	
from (tick as app	propriate) : BNESHGCHKE		ComNot D	JVT/6 COL 1 ::4-1	DVZ∏ CMHK	
Tel No.	Serv. type *	NN No.	Tel No.	Serv. type *	NN No.	
* Service type in 2N network : T = DEL/Faxline/Citinet; H = Hunting; D = DDI/IDA; P = Personal No/One Call No; TF = toll free; I = infoline; O = Others  Dragon service order number : SB ID :						
For port back da	te on Sun or P.H. or at ov	vertime hours (Mon-Fri			t R for Marketing	
Team endorsement Request Cutover	nt.	Cut-over Window T (min 2 hrs, e.g. 09:0	ime:	13.00), pis jii iii 1 ur	i B Joi Marketing	
	er at Non-Office Hou ations (HKT) Limited		absorb 2N overtin	ne surcharge by Ho	ong Kong	
P 1 11		Commercial I	Marketing Manager	/ Consumer Market	ing Manager	
Endorsed by : _						
	owledge receipt of Por	t In / Back docume	nt			
	owledge receipt of Por	t In / Back docume				

<sup>\*</sup> Delete as appropriate