



STOCK ISSUE FORM

(Reprinted)

Installer : MOHD AZHARI BIN MAD ATARI (70020776)

Stock Issue Form No. : 100FIW485123975

Installer Address :

Date : 04 Feb 2022

No 84

To be Collected From : CJ CENTURY LOGISTICS SDN BHD

Kampung Telok Buluh

Processed By : 107W0000

36400,KIALALUMPUR,WIL

Name of Customer	Acct. No Case ID	Camp	DMT/DMR	SC	ODU	OTH	Installati on Fee	Price	DMT/DMR Serial No.	Smart Card Serial No.	Remarks
Muhammad Saiful Azani Bin Ibrahim	99295548 _1361030 2	CSS_3	1 T1- CENTAURV2- PRM	1 T1- P3SIM	1 T1- DCSS- ODU-TS	0	99.00	0.0	PFH2GC2137009143 COL:	016606863344 COL:	Sales Person: BMY COL CAMP: LOB: DTH Box Type: ULTRABOX Offer Name: Sports Pack
Total			1	1	1	0	99.00	0.0			

Processed by:

Issued by:

Recieved by:

Signature & Stamp

Fulfillment Personnel signature & Stamp

Installer Signature & Stamp

Date:

Date:

Date:

Payment Receipt	
Total Amount Paid:	
Cheque No.:	

IMPORTANT

- 1) Please call customer NOW for installation appointment.
- 2) You must not keep any uninstalled sets exceeding 7 working days without doing any replacement/reassignment (varies between regions).
- 3) Disciplinary action will be taken against any installer found to have breached item 2 (above).

MEASAT Broadcast Network Systems Sdn Bhd
(199201008561 (240064-A))

Customer's Name	Muhammad Saiful Azani Bin Ibrahim	ASTRO Account no.	99295548_13610302
Service Address	.	Telephone No. (H/P)	H: M: 01136366305
	G2-2C Blok Bakawali,Jalan Klang Bandar B, Kuarters Polis	Second Contact (H/O)	O:
	45000.Kuala Selangor.SEL	Campaign Code	CSS 3

Date Installed _____ Time Installation Commenced _____
 _____ Time Activated _____

016606863344
COL:

		Remarks
		Address
1.	Was the Astro Reception Equipment installed at the address above as agreed with the customer? (If no, please provide reason)	<input type="checkbox"/>
2.	Were all Astro Decoder and audio visual equipment connected and functional after the installation?	<input type="checkbox"/>
3.	Demonstration of Astro Decoder usage (tick only one):	
	a) If a PVR was installed, features such as recording, accessing recorded programmes and series link demonstrated?	<input type="checkbox"/>
	b) If a non-PVR was installed, was a demonstration performed?	<input type="checkbox"/>
4.	Video On Demand (VOD) Applicable to PVR only, tick only one:	
	a) For HSBB ready house, was the PVR connected for VOD access?	<input type="checkbox"/>
	b) For house without HSBB, was the customer taught to connect the PVR to the internet for VOD access	<input type="checkbox"/>
5.	Additional cost (Please describe below materials & cost)	<input type="checkbox"/>
Remarks/Others		Installer
Name	MOHD AZHARI BIN MAD ATARI	
Code	70020776 City : KIALALUMPUR	

Name MOHD AZHARI BIN MAD ATARI
Code 70020776 City : KIALALUMPUR
Date _____

1.	I agree with the information/remarks provided by the installer as per section (B) above.	<input type="checkbox"/>	Is New Dish installed ? Please Sign below if Yes.
2.	I hereby agree and accept the above Astro Reception Equipment. I will also take full responsibility of any request made by me against the installer's advice.	<input type="checkbox"/>	
3.	I am satisfied with the overall installation and the demonstration provided by the installer	<input type="checkbox"/>	
4.	I acknowledge receipt of the Astro Decoder, ODU, Smart Card, remote control and accessories in good working condition	<input type="checkbox"/>	
Note:	Tick (/) for YES and (X) for NO		

Issuing Agent Stamp



MEASAT Broadcast Network Systems Sdn Bhd
(199201008561 (240064-A))
ASTRO RECEPTION EQUIPMENT ACKNOWLEDGEMENT FORM

(Reprinted)**A) CUSTOMER PARTICULARS**

Customer's Name	Muhammad Saiful Azani Bin Ibrahim	ASTRO Account no.	99295548_13610302
Service Address	.	Telephone No. (H/P)	H: M: 01136366305
	G2-2C Blok Bakawali,Jalan Klang Bandar B, Kuarters Polis	Second Contact (H/O)	O:
	45000,Kuala Selangor,SEL	Campaign Code	CSS_3

INSTALLATION DETAILS

Date Installed	_____	Time Installation Commenced	_____
		Time Activated	_____


Astro Decoder Serial no.

PFH2GC2137009143
COL:

Smart Card Serial no.

016606863344
COL:

B) TO BE COMPLETED BY INSTALLER

		Remarks
		Address
1.	Was the Astro Reception Equipment installed at the address above as agreed with the customer? (If no, please provide reason)	<input type="checkbox"/> _____ _____ _____
2.	Were all Astro Decoder and audio visual equipment connected and functional after the installation?	<input type="checkbox"/> _____ _____
3.	Demonstration of Astro Decoder usage (tick only one):	_____ _____
	a) If a PVR was installed, features such as recording, accessing recorded programmes and series link demonstrated?	<input type="checkbox"/> _____
	b) If a non-PVR was installed, was a demonstration performed?	<input type="checkbox"/> _____
4.	Video On Demand (VOD) Applicable to PVR only, tick only one:	_____ _____
	a) For HSBB ready house, was the PVR connected for VOD access?	<input type="checkbox"/> _____
	b) For house without HSBB, was the customer taught to connect the PVR to the internet for VOD access	<input type="checkbox"/> _____
5.	Additional cost (Please describe below materials & cost)	<input type="checkbox"/> _____ _____ _____ _____ _____ _____ _____ _____
Remarks/Others		Installer
		 70020776
		Name <u>MOHD AZHARI BIN MAD ATARI</u>
		Code <u>70020776</u> City : <u>KIALALUMPUR</u>
		Date _____

Note: Tick (/) for YES and (X) for NO**C) TO BE COMPLETED BY THE CUSTOMER/CUSTOMER REPRESENTATIVE**

1.	I agree with the information/remarks provided by the installer as per section (B) above.	<input type="checkbox"/>	Is New Dish installed ? Please Sign below if Yes.
2.	I hereby agree and accept the above Astro Reception Equipment. I will also take full responsibility of any request made by me against the installer's advice.	<input type="checkbox"/>	
3.	I am satisfied with the overall installation and the demonstration provided by the installer	<input type="checkbox"/>	
4.	I acknowledge receipt of the Astro Decoder, ODU, Smart Card, remote control and accessories in good working condition	<input type="checkbox"/>	
Note: Tick (/) for YES and (X) for NO			
<div style="border: 1px solid black; width: 250px; height: 80px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> <div> Customer/Customer Representative Name New IC No. Date *Relationship with Customer </div> <div> Customer/*Customer Representative _____ _____ _____ _____ _____ </div> </div>			
Issuing Agent Stamp			