

BSP Partner Name: Date:.....

Sales Officer: Telecare Center:.....

Exchange Location: Reference No :

Town:..... Tel. No:

1. Service Application Form

Last Name: First Name :

Nationality: ID/PP No:

Occupation: PIN No:

P.O. Box: Town:

Contact Tel No(s): Email:

Additional Information on other Existing Services from Telkom :

2. Particulars of Authorizing Estate Committee

Estate MOU Reference:

Last Name: First Name:

Nationality: Contact Tel No(s):

ID/PP No:

Authorized Services:

3. Particulars of Service Location

District: City/Town:
 Location: Estate/Village:
 Street: Plot No:
 Bldg Name: House No:
 Floor No: Room No:
 Nearest Tel No:
 Other Location Details:

4. Type of Service (tick as required)

Service Mode: Prepaid ☐

High Speed Data: 5 MBPS ☐ 10 MBPS ☐ 20 MBPS ☐

OTHER SERVICES (if Any)

Service Type	QTY	Service Type	QTY
Telephone – Indoor		Community Wi-Fi	
Telephone – Gate			
CCTV Camera – Street View			
CCTV Camera – APNR			
Android Media PC			
LED Street Light			

Other.....

I certify that the information given in this form is correct to the best of my/our knowledge

Customer's Signature: Date: