

 Signature	Tues, 21st of September 2021 Date	2.24 pm Time	 Company Stamp and Business Registration Number
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DEVICE PAYMENT INFORMATION - APPLICABLE ONLY FOR PLAN WITH DEVICE, PLEASE FILL IN ACCORDINGLY

Company Name		BRN No	
SO Type		Batching No.	
PO/ Memo No.		SAP IO Region	EASTERN
Receipt No.		SAP IO No.	ES0004

DEVICE DELIVERY

Device Delivery Address		Contact No.	
Receiver Name			

ALTERNATE DEVICE DELIVERY ADDRESS

Address Type		Street Type	
Unit No.		Section/ Area	
Floor No.		City	
Building Name		*Postcode	
Street Name		*State	

Foreigner Upfront Deposit Waived?		Upfront Payment Method	ROBOTIC MARKER - DO NOT DELETE! > 
Credit Treatment Code	6	Servicing Code	Promo Code

Verifier's Name	Signature	Date	Celcom Business Associates's Stamp
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