Services Type I
Broadband LAN DSL Application

Corporate / Company Information	
Organisation / Company Name	Certificate of Incorporate / Business Reg No.
Authorized Name	NRIC / Passport / FIN number *

Technical Contact Information	
Primary Technical Contact	
Name	Contact No
E-Mail Address	Handphone / Pager
Secondary Technical Contact	
Name	Contact No
E-Mail Address	Handphone / Pager

General Information (Please tick where applicable)

Telephone No. for Broadband Access Service

☐ New Line ☐ Existing Line . Specify Telephone No _____

*The line should not pass through a PABX or with Phonenet services

Site Address:

Postal Code:

Line Information				
Speed Type (Pls tick one Only)	☐ 512K	☐ 1Mbps	☐ 1.5Mbps	☐ Others _____
Date Service Required (Lead Time refer to Note below)			Router Model Used	

Remarks

* For any Technical problems with regards to your internet connection, contact our Technical support @ 6892-2308 or mail to support@lgatelecom.net

Having read and understood the above, We hereby confirm our acceptance.

_____
Authorised Signature & Date

Name_____Company Stamp_____

Note: Lead Time: 5-7 working days (Excluding the day of form submission)

Please fax the completed form to +65 3110 0010

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