Services Type I
Static IP DSL Application

Corporate / Company Information		
Organisation / Company Name		Certificate of Incorporate / Business Reg No.
Registered Address Postal Code:		
Authorized Name	Designation	NRIC / Passport / FIN number *

Installation Site (If Different from above)		
Site Address Postal Code:		
Technical Contact Information		
Primary Technical Contact	E-Mail Address	Mobile No. / Contact No.
Secondary Technical Contact	E-Mail Address	Mobile No. / Contact No.
To be Contacted ( ) 24 Hours ( ) During office hours only /Specify time_____		

General Information (Please tick where applicable)

Telephone No. for Broadband Service

☐ New Line ☐ Existing Line . Specify Telephone No _____
*The line should not pass through a PABX or with Phonenet services

Line Information – Speed Type (Pls tick one Only)					
Download Speed :	☐ 512K	☐ 1Mbps	☐ 1.5Mbps	☐ 2Mbps	☐ Other _____
Upload Speed :	☐ 256K	☐ 512K	☐ 768Kbps	☐ 1Mbps	☐ Other _____
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 (Option 2) 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: 12 – 15 working days (Excluding the day of form submission)

Please fax the completed form to +65 3110 0010

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