

# Mobile Service Application Form

## Customer Information

Applicant / Company Name					
Company Address					
Billing Address					
Authorized Contact Person				Designation	
Contact Number	Office		Fax		Mobile
E-mail Address					
NRIC No			Business Registration Number		

## Payment Information

GIRO		Please complete the original Direct Debit Authorization (DDA) Form and mail to us. The customer is fully responsible for unsuccessful deduction, by settling the bill via cheque. (Subject to Approval)
CHEQUE		Payment by cheque to be crossed made payable to Connecting Communication & Solutions Pte. Ltd. (Please kindly write applicant/company name & A/C number on reverse side of cheque).

## Official Use Only :

Customer A/C Code: _____	Registration Date: _____
Mobile Phone Model: _____	Delivery Date: _____
Sales Representative : _____	Contact Number: _____

## Remarks: \_\_\_\_\_

## Undertaking

1. \*\*I/We agree to subscribe for CCS Mobile Services on the following terms and conditions, which terms and conditions shall apply on CCS acceptance of this application. Including any amendments CCS may make from time to time to those terms and conditions.
2. \*I/We acknowledge that \*I/We have read and understood the above terms and conditions, and that the terms and conditions may be viewed at <http://www.ccsidd.com/terms> .
3. \*I/We acknowledge and agreed to CCS its right to bill and collect from \*me/us the fees and charges under this Customer Agreement and \*I/We shall pay all fees and charges to CCS.
4. \*I/We confirm that all information given by \*me/us in connection with this application is true and correct.

Signed for and on behalf of the \*Applicant / Authorized Person:

\_\_\_\_\_  
Signature of Applicant / Company representatives

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Date (dd/mm/yy)



**Connecting Communication & Solutions Pte Ltd**

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