

**SUPPORT NUMBER**

**WEB ASP (KL) Tel : 03-7980 1388 / Fax: 03-7980 2388**

**WEB ASP (Penang) Tel : 04-642 0621 / Fax: 04-646 8367**

**Customer Requisition Form**

**1.0 Product Type**

Auto Dialer  
 AlienVoIP  
 Others\_\_\_\_\_

**2.0 Document Required**

**\*\*For Alien Voip Customer to**

**apply Display Caller ID only**

1 copy of IC or Passport  
 Company Form 9,24 & 49  
 Latest 3 Months Telephone Bill

**3.0 Customer Information**

Company Name or Personal Name : \_\_\_\_\_ Customer ID : \_\_\_\_\_  
Contact Name : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
*(Mobile No./ Direct Line)*

**4.0 Customer Request Item**

*Please tick the below boxes*

<input type="checkbox"/> Add Telephone Line	<input type="checkbox"/> Change of User Pin / Name	<input type="checkbox"/> Upgrade Package
<input type="checkbox"/> Request New Pin	<input type="checkbox"/> Disable User Pin / Name	<input type="checkbox"/> Downgrade Package
<input type="checkbox"/> Add New Branch	<input type="checkbox"/> Disable Telephone Line	<input type="checkbox"/> ** Change of Display Caller ID Number
<input type="checkbox"/> Change of Billing Address	<input type="checkbox"/> Support & Service	<input type="checkbox"/> ** Request Display Caller ID Number
		<b>** (for AlienVoip only)</b>

**5.0 Customer Request Item**

**Description :-**

I / We confirm that the above information is true and correct. I / We agree to be bound by the stated terms and conditions or any amendments made thereafter.

Applicant Chop & Signature \_\_\_\_\_ Process Status : **Done / KIV**  
Other (Reason) : \_\_\_\_\_  
Date : \_\_\_\_\_  
Name : \_\_\_\_\_ Job Done By : \_\_\_\_\_  
Date : \_\_\_\_\_

