

Customer Information (Please fill completely in block letters)

1. Title Mr. M/s Mrs. Lam Dr. Dasho Lyonpo
2. Customer's Name..... Nationality.....
3. Billing Address.....
4. Mobile Number..... Customer ID (for office use).....
5. Security Deposit (Nu.10, 000) Yes No (No if office connection)
6. Mode of Payment Cash Cheque
7. If cheque, please specify Bank Name.....Account No.....
8. Fill in the form received after proper verification of details by.....
9. Signature.....Date.....

Legal Stamp
& sign

Note :

Please note that security deposit for roaming will be accepted only after clearing the final bill amount by the customer. If not, the security deposit amount gets adjusted against the due amount for that number, if any.

Thanks.