CPA USSD Service Order Form

DiGi TELECOMMUNICATIONS SDN. BHD. (201283-M)

COMPANY INFORMATION

Name of Company

Company Registration No.
(if applicable)

Registered Address

Correspondence Address

Office Contact No.

Office Fax No.

CONTACT INFORMATION

Contact Person (commercial matters)

Name

Designation

Office No.

Fax No.

Mobile No.

Email Address

Contact Person (technical matters)

Name

Designation

Office No.

Fax No.

Mobile No.

Email Address

Contact Information (customer service)

Telephone No.

Fax No.(if any)

Email

Website

*

SHORT CODE INFORMATION

Short Code Requested * _____ * _____ #

*Should you require additional short code, please fill out a separate set of Service Order Form. Take note that you are required to use short codes that have been previously assigned by you. Each short code requested is subject to confirmation made by DiGi. In the event that the short code that you requested for is not available, we shall endeavor to consult you in advance before confirming it.

ACKNOWLEDGEMENT

In consideration of you agreeing to provide CPA services to us, we hereby agree to subscribe for the said services set out herein and have read, understood and further agree to be bound by the CPA General Terms and Conditions* and all other services specific terms and conditions* relating to the service(s) subscribed herein and/or as may be prescribed by you from time to time. We hereby further declare and warrant that all information provided by us hereinunder is accurate and true. We unconditionally agree that you reserve the right to withhold wholly or in part the services to be provided and refrain from making any payments to us should any of the abovesaid information is found to be false, misleading or invalid. We further irrevocably undertake to indemnify and keep you indemnified against all claims, demands, proceedings, damages losses costs and expenses arising from any misrepresentation of any or all information herein contained.

** Please refer to http://cpa.digi.com.my for the CPA Terms and Conditions.*

Authorised Signatory

Signature _____

Print Name in Full _____

Designation _____

NRIC/Passport No. _____

Date _____

Company Stamp (if applicable)

Witness

Signature _____

Print Name in Full _____

Designation _____

NRIC/Passport No. _____

Date _____

FOR DiGi TELECOMMUNICATIONS SDN BHD USE

Short Code

Short Code Confirmed _____

Confirmed By _____

Date of Confirmation _____

Engineer-In-Charge

Name _____

Service Commencement Date _____

Charges

One-Time Setup Fee _____

Monthly Subscription Fee _____

Other Fee (_____) _____

Processed By

Name _____

Designation _____

Division/Department _____

Signature _____

Date _____

Verified By

Name _____

Designation _____

Division/Department _____

Signature _____

Date _____